



Office of International Admission  
**MUSKINGUM UNIVERSITY**  
 163 Stormont Street  
 New Concord, OH 43762  
 Tel. +1-740-826-8127 Fax. +1-740-826-6113

### Muskingum University Transfer-In

**INSTRUCTIONS TO APPLICANTS IN THE U.S.:** Student should complete section A of this form. If you are on an F-1 or J-1 visa, you should request the International Student Advisor or counselor at the school you currently attend or most recently attended to complete Section B. You will not be issued an I-20 or DS-2019 from Muskingum until this form is completed and returned with the documents requested. Once you are issued an I-20 or DS-2019 from Muskingum, you must report to the Office of International Admission within 15 days of the beginning of classes to have your transfer processed.

#### SECTION A: INFORMATION FURNISHED BY THE APPLICANT

NAME (family) _____ (given) _____ (middle/maiden) _____		
Country of Citizenship _____	Country of Legal Residence _____	SEVIS ID No. _____ N
Name of Current/Most Recent Institution _____	Dates Attended: _____ from _____ to _____	
I intend to enroll at Muskingum for the following Semester: _____	Fall (August) 20____	Spring (January) 20____
I hold the following visa classification status (check one)		
<input type="checkbox"/> F-1 Student: Attach a copy of your I-94 and all I-20s issued to you.		
<input type="checkbox"/> J-1 Student: Attach a copy of your I-94 and all DS-2019s issued to you.		

I hereby authorize the DSO/ARO at the U.S. institution I am currently attending/most recently attended to review the information provided by me with this form, and on the attached photocopied document(s), and to provide the additional comments requested in section B of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### SECTION B: INTERNATIONAL STUDENT ADVISOR REPORT

##### INSTRUCTIONS TO THE INTERNATIONAL STUDENT ADVISOR (ISA)

Before filling out Section B, please review the information the applicant has provided in Section A against the records maintained in your office. Please answer the following questions and return the completed form to the address given at the top of this page. Thank you.

Is the information furnished in Section A (including photocopies of certificates of eligibility) complete and accurate according to records in your office? Y/ N (If NO, please comment) \_\_\_\_\_

To the best of your knowledge, is this student currently in valid non-immigrant status in the category listed above? Y / N

Has the student ever been reinstated to status? Y / N If yes, please indicate the date the reinstatement was approved: \_\_\_\_\_

If the applicant is in F-1 status, please indicate from your records his/her:

First day of F-1 status \_\_\_\_\_ Dates attended at your institution: From \_\_\_\_\_ To \_\_\_\_\_

Practical Training authorized by your institution (Please indicate type and specific dates):

\_\_\_\_\_  
 \_\_\_\_\_

Is the student eligible to return to your school? Y / N If not, why not? \_\_\_\_\_

\_\_\_\_\_

SEVIS Transfer-Out Date: \_\_\_\_\_

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Name and Title of ISA \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_