



### F1 / J1 Visa Transfer Form

As part of the application process to University of the Ozarks you must show that you are currently in status with immigration by completing the following information. Please submit form to University of Ozarks • Office of Admission • 415 N. College Ave • Clarksville, AR 72830.

If you are a permanent resident (Immigrant) of the U.S., and hold a permanent resident card or Form I-551, please fill out only the box marked Perm. Res. (Immigrant) yourself and return it [with a copy of your Alien Registration Card].

University of Ozarks – NOL214F10351000  
Fax 479.979.1417 – Admission 479.979.1227 – Campus Life 479.979.1322

#### SECTION I – TO BE COMPLETED BY STUDENT:

Student's Name \_\_\_\_\_  
Family Given Country of Citizenship

Present Address \_\_\_\_\_  
House Number and Street City State Zip Code

I request and authorize my present international student advisor (or equivalent Campus officer) to provide the information below as part of my application for admission to University of the Ozarks.

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Expected University of the Ozarks Entry Date \_\_\_\_\_

#### SECTION II – TO BE COMPLETED BY THE CURRENT INSTITUTION:

**VISA INFORMATION:** If none of the following apply indicate visa type \_\_\_\_\_

F-1  
\_\_\_\_\_  
I-20 ID Admission No. (I-94 Card#)

F-2 Dependent

J-1  
Sponsor \_\_\_\_\_  
Program No. \_\_\_\_\_  
Please attach copy of recent DS 2019.

Perm. Res. (Immigrant)  
Alien Registration No.  
\_\_\_\_\_  
Attach a copy of your Alien Registration Card. No Certificate of Financial Responsibility is required of a Permanent Resident.

SEVIS ID # \_\_\_\_\_ what date will you transfer student in SEVIS to University of the Ozarks? \_\_\_\_\_

Date of initial entry into the United States \_\_\_\_\_ Type of visa held at entry \_\_\_\_\_

What is the expiration date on the student's I-94 card? \_\_\_\_\_ D/S \_\_\_\_\_ other date \_\_\_\_\_

For which term was the student last enrolled full-time at your institution? \_\_\_\_\_

To the best of your knowledge, is the student currently "in status" with USCIS? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

Has the student ever been granted any kind of practical training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state kind and duration \_\_\_\_\_

I hereby certify the preceding information to be correct:

Signature of School Official \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Name Institution \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**THIS FORM MUST BE RETURNED BEFORE FINAL ACTION CAN BE TAKEN ON APPLICATION**