

International Office of Admission

Fresno Pacific University. Please complete Section	A and prese transferring.	ent this Transfer Authoriz Your application will not	e information on this form will determine your admissibility to ation Form to the Designated School Official (DSO) at the be processed until this transfer form has been received at the
Section A: Please print.			
Last			First
Date of birth: Month	Day	Year	
I authorize the release of	f informatio	n to the International A	dmission Office, Fresno Pacific University.
Student Signature			Date
Section B: To be complet	ed by Interna	ational Advisor/DSO at o	current institution.
Section A: Please print. Last Date of birth: Month I authorize the release of Student Signature	Day f information	Year n to the International A	<b>dmission Office, Fresno Pacific University.</b> Date

City	State	ZIP Code					
Dates of Attendance: Start date	End date		SEVIS ID num	ber			
SEVIS School Code:	SEVIS Release Date:						
Specify the Type of Program: High School	Language S	School	College/University	Other			
Authorized Periods of Practical Training: None	CPT	OPT	Dates				
Has the student met all financial responsibilities: Yes No If no, comment below							
Does this student have any application pending w	vith USCIS?	Yes	No If yes, what kind?	,			
Has this student requested to have records transferred to another school other than FPU? Yes No							
If yes, to which school?							
Title of School Official:							
Signature of School Official:		Email:		Date			

## Please return this form to the student or send it directly to our office by email or fax.

International Office of Admission				
Fresno Pacific University				
international.adm@fresno.edu				

Phone: 559-453-2169 Fax: 559-453-7151 Fresno Pacific University Main Campus SEVIS code: SFR214F01376000