ROCKHURST
A Jesuit University

Rockhurst University
1100 Rockhurst Road
Kansas City, MO 64110

I-20 Transfer Eligibility Form

Section A: Student completes this section PLEASE PRINT

_____ _____ _____
Last/Family Name First/Given Name Middle Name

_____ _____ _____
Rockhurst ID Number ID Number at Transfer Inst. Home or Cell Phone

Semester you are admitted to begin at Rockhurst University: ___ Fall ___ Spring ___ Summer
Year _____

Please provide the address following your Transfer Release Date to which your Transfer Pending I-20 should be mailed: _____
_____
_____
_____

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Section B: DSO/International Advisor completes this information (Please complete Section B and return form by fax to (816) 501-4822

Institution Name _____ _____
_____ Phone
_____ _____
_____ Fax

_____ _____ _____
Student USICE (I-94) Number Student SEVIS ID Number Release Date

Current Visa Type: _____ F-1 Other_____ Issue date of current I-20 _____

____ This student is in good standing and is/was enrolled in a full course of study until (date): _____

____ This student is out of status and a reinstatement to student status was filed on (date) _____ at the USCIS Office in (place) _____, and is pending. (Please enclose copies of documents filed with USCIS)

____ This student is out of status and must file for reinstatement to student status.

____ This student is in Optional Practical Training. Beginning Date: _____ Ending Date:_____

____ This student has previously been granted practical training; please specify type(s) and date(s):
_____

____ This student transferred to your institution from another institution in the United States.

Other Comments: _____

_____ _____
DSO's/International Advisor's Signature Name of DSO/International Advisor

_____
Title of DSO/Authorized Endorser