BRYANT UNIVERSITY

INTERNATIONAL STUDENT TRANSFER FORM

Bryant University requires this form to be completed by any international student who will transfer from an institution in the United States. The information contained here will be used to issue your I-20 and complete the transfer process as directed by the U.S. Department of Homeland Security’s Bureau of Citizenship and Immigration Services. After signing below, please present this form to the International Student Advisor or other Designated School Official at the university or college you last attended in the U.S.

I request and authorize the Designated School Official at __________________________ to provide the information requested below in order to complete my transfer to Bryant University.

Name: ________________________________________________________________

Signature: ____________________________________________________________ Date: ______________________

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL:

Name of Institution: __________________________________________________________________________________
__________________________________________________________________________________________________

Address: ____________________________________________________________

City: __________________ State: _______ Zip Code: __________ Phone: ________________

Dates of attendance at your school: __________________________ to __________________________

Student’s SEVIS ID#: __________________________________________________________

Please Check: (if applicable)

______ The student is eligible to transfer according to BCIS transfer procedures and has met all the financial responsibilities and legal status. T
(The student’s SEVIS record will be released for transfer on (date) __________________________

______ The student is currently out of status. Reinstatement is needed.
Please explain:
_____________________________________________________________________________________

______ The student has not met all financial responsibilities to the school.

Other comments: ________________________________________________________________

_____________________________________________________________________________________

Signature: __________________________________________________________ Date: ______________________

Name and Title (please print): ______________________________________________________________

This form should be returned by your current international student advisor directly to
Associate Director for International Admission
Bryant University Office of Admission
1150 Douglas Pike
Smithfield, RI 02917
(401) 232-6100 Fax: (401) 232-6741