

SECTION I - COMPLETED BY THE STUDENT

Please complete, sign and date before submitting to your International Program Director/Advisor (PDSO/DSO).

Full Name:		
Last/Family	First	Middle
Term you plan to begin (please check): Fall Spring	Summer	Year you plan to begin:
Do you plan to travel outside of US before arriving Jacksonville State Univ	iversity? Yes	No
(*If you choose to return to the US on JSU's I-20, you will not be	able to return until 30 days	before the program date listed on the I-20)
Student Signature		Date
SECTION II – COMPLETED BY THE INTERNATIONAL DIRECTOR/ADVIS The above named student has qualified academically for admiss his/her status at your institution before approving transfer to this so number above.	sion to Jacksonville State	
INS Admission (I-94) #:	ion (I-94) #: Visa Type:	
SEVIS I-20 #:Exchange Visi	itor Program #:	Category:
Please mark the appropriate statement:	terminated SEVIS record; ple o student status was filed on (Please enclose copies of the raining. Please list the start a	ease (date) at the INS office in e documents filed with INS.)
Signature of School Official		Date
Institution		
Mailing Address		
CityState		Zip Code
Phone Number	Email:	E 100 100 4 4