

# INTENT TO TRANSFER TO ORU FORM



Students currently holding F-1 Visa status and planning to transfer to ORU must complete the transfer procedures through SEVIS. It is the student's responsibility to maintain his or her F-1 Visa status and to complete the transfer procedural instructions below.

## TRANSFER PROCEDURAL INSTRUCTIONS

1. Apply to ORU at [oru.edu/apply](http://oru.edu/apply).
2. Once admitted to ORU, notify your current school of your intent to transfer.
3. Complete Section 1 of this form.
4. Have the Designated School Official (school administrator or international student advisor) at your current institution complete Section 2 of this form.
5. After you and your current school have determined the date to have your SEVIS record electronically released to ORU, promptly return this completed form to ORU.
6. After the release date, ORU will produce a Form I-20. Unfortunately, ORU cannot produce an ORU Form I-2 until after the release date submitted by your current school.

### SECTION 1 | To be completed by the student.

1. Surname/Family Name \_\_\_\_\_ Given Name \_\_\_\_\_
2. Semester for which you are applying to ORU:  Fall 201\_\_  Spring 201\_\_  Summer 20\_\_
3. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
4. ORU ID#, if known \_\_\_\_\_
5. Will you travel out of the U.S. between attendance at the two schools?  Yes  No  
If yes, please consult with your current advisor to determine if it is best to delay your release date until after your return. Dates of travel: from \_\_\_\_\_ to \_\_\_\_\_
6. I authorize the release of information on this form for the purpose of a school transfer.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2 | To be completed by Designated School Official (DSO) **only after the student has been admitted and a release date has been established.**

1. Specific Release Date \_\_\_\_\_ Release to: Oral Roberts University  
DAL214F10247000
2. Did the student receive approval for a reduced course load?  Yes  No If yes, complete the following:  
Reason:  Academic  Medical  Program Level & Dates \_\_\_\_\_
3. Did the student receive any practical training?  Yes  No If yes, complete the following:  
Reason:  Full  Part  Type:  Optional  Curricular Program Level & Dates \_\_\_\_\_

#### 4. As DSO, I verify the information above is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Date \_\_\_\_\_ Title \_\_\_\_\_  
Name of School \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Return to: International Student Office, Oral Roberts University, 7777 S. Lewis Ave, Tulsa, OK 74171 or fax to 918.495.7193.