Intent to Transfer to ORU Form: F-1 Students Currently in the U.S.

All students currently in F-1 status at any type of institution (high school, college, university, intensive English institute) in the U.S. who plan to change schools must complete the transfer procedure through SEVIS. It is the student’s responsibility to maintain his or her F-1 student status and to complete the instructions below.

Transfer Procedural Instructions
1. Get admitted to Oral Roberts University.
2. Notify your current school of your intent to transfer.
3. Complete Section 1 of this form only after you’ve been admitted and you choose to attend ORU.
4. Have the Designated School Official (school administrator or international student advisor) at your current institution complete Section 2.
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.
6. After the release date, ORU will produce an I-20. Unfortunately, ORU cannot produce an ORU I-20 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 US 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) last authorized to attend 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