

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