

MARYLHURST UNIVERSITY
 OFFICE OF ADMISSIONS
 17600 Pacific Highway (Hwy. 43)
 P.O. Box 261 • Marylhurst, OR 97036-0261
 503.699.6268 • 1.800.634.9982, ext. 6268
 FAX: 503.635.6585
 Email: studentinfo@marylhurst.edu
 Web site: www.marylhurst.edu



F-1 STUDENT TRANSFER VERIFICATION FORM

STUDENT: Please complete the top portion of this form and have the bottom portion completed by the International Student Advisor at the school you currently attend or the school you most recently attended.

Name _____
(Family) First Last

Current Address _____
Street Apt. # City State Zip Code

Email Address _____

I grant permission for the information below to be forwarded to Marylhurst University Office of Admissions.

Signature of Student _____ Date _____ Phone Number _____

INTERNATIONAL STUDENT ADVISOR

The student named above has requested a transfer to Marylhurst University. Please complete the information below and return by FAX (502.635.6585) or by mail to Marylhurst University, International Admissions, 17600 Pacific Highway. (Hwy. 43), P.O. Box 261, Marylhurst, OR 97036-0261.

SEVIS SCHOOL CODE: POO24F00024000

International Admissions may be reached by telephone at (503.699.6268) or by email at mgemender@marylhurst.edu

1. The above-named student (please check appropriate box):

- is currently pursuing/pursued a full-time course of study and is eligible for an F-1 transfer.
- did not maintain a full-time course of study and is not eligible for an F-1 transfer.

Comments _____

2. Date of Graduation/Termination of Studies: _____/_____/_____
(Month) (Day) (Year)

Advisor's Name _____ Signature _____

Institution _____ Phone _____ FAX _____

Title _____ Email _____

MARYLHURST IS A SEVIS SCHOOL: PLEASE COMPLETE TRANSFER THROUGH SEVIS.

Sevis Transfer Release Date: _____