

**FAULKNER UNIVERSITY SCHOOL TRANSFER IN ELIGIBILITY FORM**  
**INTERNATIONAL STUDENTS**

Please print, complete and sign PART I of this form and give it to your International Student Advisor/PDSO/DSO at your current school. Inform your Advisor/PDSO/DSO that PART II needs to be completed and sent to the address listed at the bottom of this form. This form is necessary to complete your transfer application to **Faulkner University (School code: ATL214F00019000)**.

**PART I: TO BE COMPLETED BY THE STUDENT TRANSFERRING IN TO FAULKNER.**

I authorize my International Student Advisor/PDSO/DSO at my current school to provide the information below as part of my application for admission to Faulkner University:

Name: \_\_\_\_\_  
Last (Family) Name                      First (Given) Name                      Country of Citizenship

Local U.S. Address: \_\_\_\_\_  
Street/Apartment #                      City                      State                      Zip

Permanent Home Country Address: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature                      Date                      Expected Enrollment date at Faulkner University

**PART II: TO BE COMPLETED BY AN INTERNATIONAL STUDENT ADVISOR/PDSO/DSO AT THE TRANSFER OUT SCHOOL.**

Student's Current Immigration Status: F-1 \_\_\_\_\_ J-1 \_\_\_\_\_ Other \_\_\_\_\_ (specify)

1. Is this student currently enrolled at your institution? Yes \_\_\_\_\_ \*No \_\_\_\_\_.

\*If no, please give date of last attendance: \_\_\_\_\_

2. Has this student maintained legal status while enrolled at your institution? Yes \_\_\_\_\_ \*No \_\_\_\_\_.

\*If no, please explain: \_\_\_\_\_

3. Would this student be permitted to continue/return to your institution? Yes \_\_\_\_\_ \*No \_\_\_\_\_.

\*If no, please explain: \_\_\_\_\_

4. Was this student granted OPT or CPT while enrolled at your institution?

CPT \_\_\_\_\_ OPT \_\_\_\_\_. If so, please specify dates: From \_\_\_\_\_ to \_\_\_\_\_.

5. SEVIS # \_\_\_\_\_. Release Date: MM/DD/YY \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Name/Title of School Official: \_\_\_\_\_

Name/Address of Institution: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:**  
**Office of Enrollment Management**  
**Faulkner University**  
**5345 Atlanta Hwy**  
**Montgomery, AL 36109**  
**Phone: 334-386-7875 - Fax: 334-386-7877**  
**E-mail: [intladmissions@faulkner.edu](mailto:intladmissions@faulkner.edu)**  
**School code: ATL214F00019000**