

**International Center
University of Louisville
International Student Transfer Recommendation Form**

Instructions to the Student:

Please complete and sign the release of information statement below and give this to a Designated School Official at the school which you currently attend.

1. NAME: _____
LAST (FAMILY) FIRST MIDDLE

**CURRENT MAILING ADDRESS: The address where you receive mail in the US.
(If this is a Post Office Box, please complete the information under Physical Address)**

(Street or Post Office Box) (City)

(State) (Zip Code)

**PHYSICAL ADDRESS: The address where you live.
(Complete only if this is different from your mailing address listed above)**

(Street or Post Office Box) (City)

(State) (Zip Code)

Telephone number: () _____ **Email address:** _____

2. Current visa status:

___ Student (F1) ___ Exchange Visitor (J1) ___ Other Status
___ Dependent of Student (F2) ___ Dependent of Exchange Visitor (J2)

3. Please indicate the term and year you wish to enter UofL:

___ Fall ___ Spring ___ Summer Year _____

4. Are you currently engaged in Optional Practical Training? ___yes ___no
If yes, please attach a copy of your EAD card along with this transfer form.

5. Number of dependents residing in the U.S. _____

I grant permission for the information requested below to be released to the University of Louisville.

Student's Name (Please Print) Student's Signature ___/___/___
Date

To the International Student Advisor:

The international student whose name appears on page one of this form is submitting an application for admission to the University of Louisville. We would appreciate your answering the following questions and verifying the information given by the student on this form. Please return this form as well as a copy of the student's current I-20/DS 2019 to:

International Student Advisor
University of Louisville, International Center
Louisville, KY 40292
Phone: 502.852.6602 Fax: 502.852.7216

1. Dates of enrollment at current institution: _____ to _____

2. Is the student in good standing at your institution? ___yes ___no
If no, please explain why in the comments section below.

3. Is student currently engaged in Optional Practical Training? ___yes ___no
If yes, please indicate the period of employment: _____

4. Release date to the University of Louisville: ___/___/___
Additional Comments:

Signature of School Official Print Name Title

Institution Name and Address ___/___/___
Date