



# DONNELLY

(913) 621-8721  
USA1

INTERNATIONAL STUDENT  
Admission office Phone: (913) 621-  
8720 Fax: (913) 621-8737  
608 North 18th Street Kansas City,  
KS 66102

## INTERNATIONAL STUDENT TRANSFER REQUEST

TO: INTERNATIONAL STUDENT (F-I VISA) TRANSFERRING TO DONNELLY COLLEGE

If you are currently enrolled in, have ever attended, or have graduated from a USA college or university, you are required to submit this reference form as a part of your application. The Bureau of Citizenship and Immigration Services requires this office to have the following information in order to process your transfer to Donnelly College. Please sign the authorization and request your present International Student Advisor to complete the form and mail it directly to Donnelly College.

### INTERNATIONAL STUDENT AUTHORIZATION:

I \_\_\_\_\_, authorize the International Student Advisor to provide the information requested as a part of my application to Donnelly College.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### INTERNATIONAL STUDENT ADVISOR'S REFERENCE:

Please answer the following questions as completely as possible and return the form to Donnelly College, International Student Advisor, 608 N. 18<sup>th</sup> St., Kansas City, KS 66102.

#### I. IMMIGRATION STATUS:

A. Country issuing the passport: \_\_\_\_\_.

B. Passport expiration: Date: \_

C. School issuing 1-20 for initial entry into USA: \_

D. According to BCIS regulations, is in good standing: Yes \_\_\_\_\_ No \_

E. Student to return or continue at your institution: Yes \_\_\_\_\_ No \_

F. Type of visa: \_\_\_\_\_

G. 1-94 Admission Number: \_\_\_\_\_ Date of entry: \_

H. Sevis No. \_\_\_\_\_

I. Transfer Release Date:

#### II. FINANCIAL ARRANGEMENTS

A. Source of support: \_\_\_\_\_

B. Amount of support (for 12 calendar months):.

C. Does the International Student have any outstanding debts? Yes \_\_\_\_\_ No\_

If Yes, amount \$ \_\_\_\_\_

D. Has the International Student encountered any financial difficulties?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

### III. ENGLISH PROFICIENCY

TEST TAKEN	DATE	SCORE

A. Please rate the International Student's English language proficiency:

1. \_\_\_\_\_ Able to pursue a full course of academic study
2. \_\_\_\_\_ Should register in IEP or ESL course and one academic course.
3. \_\_\_\_\_ Should enroll as a full-time student in IEP or ESL program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

University/College: \_\_\_\_\_

Add ress: \_\_\_\_\_

SCHOOL SEAL:

RETURN TO:

International Student Office  
Attn: Cyrus Shadfar, Dean  
Donnelly College 608 N. 18<sup>th</sup>  
Street Kansas City, KS  
66102 Phone: (913)621-  
8721 Fax: (913) 621-  
8737 Email:  
esl@donnelly.edu