To Prospective Fresno Pacific University (FPU) Student: The information on this form will determine your admissibility to Fresno Pacific University.

Please complete Section A and present this Transfer Authorization Form to the Designated School Official (DSO) at the school from which you are transferring. Your application will not be processed until this transfer form has been received at the FPU's Office of International Admission.

Section A: Please print			
Last	First		
Date of birth: Month Day Ye	ear		
I authorize the release of information to	o the International Admission	ı Office, Fresno Pacific Uı	niversity.
Student Signature	ent Signature Date		
Section B: To be completed by Internation	onal Advisor/DSO at current in:	stitution.	
Institution Address			
City	State ZIP Co	de	
Dates of Attendance: Start date	End date	SEVIS ID num	ber
SEVIS School Code: SEVIS Release Date:			
Specify the Type of Program: High Scl	hool Language School	College/University	Other
Authorized Periods of Practical Training:	None CPT OPT	Dates	
Has the student met all financial responsil	oilities: Yes No If no	o, comment below	
Does this student have any application pe	nding with USCIS?		
Has this student requested to have record If yes, to which school?	ds transferred to another schoo	l other than FPU? Yes	No
Title of School Official:			
Signature of School Official:	Email:		Date