

## **Graduate Admissions**

## INTERNATIONAL STUDENT TRANSFER VERIFICATION FORM

Complete only if you already are attending another college, university, secondary school or language program in the United States. Please complete the information in the box below and send or give to your international student advisor at the U.S. institution where you currently attend or have most recently attended.

Your advisor should complete the remainder of the form and return to you or send directly to:

Austin Peay State University Fax: 931-221-7641

Graduate Admissions Email: gradadmissions@apsu.edu

Box 4458

Clarksville, TN 37044 Austin Peay State University Main Campus SEVIS School Code: NOL214F10413000

THIS SECTION TO BE COMPLETED BY STUDENT (please print):  Irequest and authorize the school listed below to complete the International Student Advisor section and return it to me or to send to the Office of Admissions at Austin Peay State University at the information listed above.  Name:    Last/Family Name					
the Öffice of Admissions at Austin Peay State University at the information listed above.  Name:	THIS SECTION TO BE COMPLET	ED BY STUDENT	Γ (please print):		
Name: Last/Family Name				n it to me or to send to	
Name of current school:   (The institution that has issued an I-20 or DS-2019 to the student)   Dates of attendance: from to	the Office of Admissions at Austin Peay State Univ	ersity at the information	listed above.		
Name of current school:   (The institution that has issued an I-20 or DS-2019 to the student)   Dates of attendance: from to	Name:				
Dates of attendance: from	Last/Family Name First/G	iven Name N	Middle		
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Dates of attendance: from	Name of current school:				
THIS SECTION TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR*:  Was student in good academic standing?  Yes  No  Was the student in status per regulations at the time of leaving your institution?  Yes  No  If "No" for either of the above items, please provide reason (and date of termination if applicable):  Has the student used reduced course load for medical or academic purposes?  Yes  No If "Yes," please provide dates of RCL:  Record release date or situation:  Advisor's signature:  Date:  Advisor name:  Advisor name:  Advisor title:	(The institution that has issued an 1-20 or DS-2019 to the student)				
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	Advisor name:	Advisor	title:		
		Advisor telephone: ()			

\*Please enclose a copy of the student's I-20 or DS-2019, visa and I-94.

Austin Peay State University, a Tennessee Board of Regents institution, is an equal opportunity employer committed to the education of non-racially identifiable student body. Z\International Forms\InternationalStudentTransferVerificationForm04-15.docx