



1900 Belmont Boulevard  
Nashville, TN 37212-3757

phone 615-460-5500  
fax 615-460-5539

## TRANSFER FORM

**This portion is to be filled out by the student**

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

I want to begin classes at Belmont University in the \_\_\_\_\_ semester.

Classes begin on \_\_\_\_\_

Current Address \_\_\_\_\_

Street name and number

City

State

Zip

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I give permission for my present school to release the information requested on this form.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

**To be completed by the International Student Advisor**

1. Is this student currently attending the school that s/he was last authorized by DHS to attend? \_\_\_ Yes \_\_\_ No

- Student did not report to this school
- Student reported to school, but did not complete registration or attend classes
- Student is currently enrolled in a full-time program, and has been since \_\_\_\_\_
- Student completed course of study on \_\_\_\_\_
- Student did not complete course of study. Last day of attendance was \_\_\_\_\_
- Student is in reinstatement or change of status proceedings. The receipt number, if known, is \_\_\_\_\_

2. To the best of your knowledge, is this student "in-status" with DHS? \_\_\_ Yes \_\_\_ No

If no, please explain on reverse side.

3. Sevis ID number \_\_\_\_\_

4. Sevis Release Date \_\_\_\_\_

\_\_\_\_\_  
Signature of School DSO

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
E-mail of DSO

\_\_\_\_\_  
Date