

JAMES MADISON UNIVERSITY

The Graduate School, 100 East Grace Street, MSC 6702
Harrisonburg, VA 22807
Telephone: (540) 568-6131 **Fax:** (540) 568-7860

INTERNATIONAL STUDENT ADVISOR'S REPORT

This form applies to non-immigrant students in F or J status who have been attending school in the United States and wish to transfer their student visa sponsorship to JMU. The Designated School Official at the school where you are currently enrolled must complete this form.

Part I: To be completed by the Applicant:

Applicant's Full Name (Please Print)
Social Security Number _____

I request and authorize my present International Student Advisor to provide the information below to James Madison University

Signature Date

Part II: To be completed by the International Student Advisor/Designated School Official

The above named student is applying for admission to James Madison University. Please provide the following immigration information and return this form to the address above.

Current Visa Type _____ I-94 Expiration Date _____

SEVIS Number _____ SEVIS Release Date if known _____

1. Will the student require reinstatement? _____ Yes _____ No
(If yes, explain on back)
2. Is the student pursuing a full course of study? _____ Yes _____ No
3. Has the student experienced financial difficulty _____ Yes _____ No

Please provide information on any approved periods of CPT or OPT:

- CPT from ___/___/___ to ___/___/___ degree level: _____ full-time ___ part-time ___
 OPT from ___/___/___ to ___/___/___ degree level: _____ full-time ___ part-time ___

Designated School Official's Name and Title

Institution Name, Address and Telephone Number

Signature: _____ Date: _____