Pathways - Transfer Eligibility Verification Form

This form is NOT a request for the student’s SEVIS record to be released. If the student is admitted, a separate notice of admission will be issued to the student and to the transfer-out school.

Part 1: to be completed by the student.

Name: ________________________________  ________________________________
Last (Family) Name  First (Given) Name

I authorize this school to provide the information requested below to the Arizona State University Global Launch Pathways program. If admitted, I intend to transfer and begin studying there on _____/_____/_______.

Signature: ____________________________  Date: ____________________________

Part 2: to be completed by the school. Please confirm this student’s F-1 status and eligibility to transfer.

Student’s SEVIS ID: ____________________________

Dates of enrollment in your program: from _____/_____/______ to _____/_____/______

Is this student currently in “active” SEVIS status and eligible to transfer? yes / no

NOTE: No student requiring reinstatement will be accepted.

Has the student met all financial obligations to your school? yes / no

Are there any other concerns we should be aware of? If yes, please explain: ____________________________

Projected SEVIS release date, upon confirmation of admission: _____/_____/______

Name and Title of School Official: ____________________________  Signature: ____________________________

Name and Address of Institution:

Date: ____________________________

E-mail: ____________________________

Phone: ____________________________

Fax: ____________________________

Please return this completed form to:

GlobalLaunch@asu.edu

Or Fax to: 480-223-6315

Our school name has been changed to “Global Launch” but is still listed in SEVIS under our previous name, as:

Arizona State University – AECP