

*Students on F-1 visas wishing to transfer to Fuller Seminary must complete **Section A** and have **Section B** completed by the institution they are currently attending.*

Section A: To be completed by the student

Student Name: _____ Date of Birth: _____

E-mail: _____ Telephone: _____

U.S. Address: _____

G# _____
Fuller Student ID# _____ Degree Program _____ Student Signature _____ Date _____

Section B: To be completed by an International Advisor/DSO at student's current school

1. Is the student currently in status? _____

2. Date of Last Attendance at current school or OPT (if applicable): _____

3. F-1 Student's Transfer Release Date in SEVIS: _____

Fuller Theological Seminary School Code: LOS 214F 00841000

Name of School: _____

Name and Title of PDSO/ DSO

Phone Number: _____ Email: _____

Signature _____ *Date* _____