International Student Transfer Recommendation Form

Concordia University  2811 NE Holman Street  Portland, Oregon  97211-6099 USA

-FOR STUDENTS CURRENTLY IN F-1 STATUS-

This section to be completed by accepted student:

__________________________________  ________________________________
(Last Name)  (First Name)  (Date of Birth)

SEVIS number: _______________________________________________________

I have been accepted and intend to transfer to Concordia University-Portland for the semester beginning _______  __________

(Month)  (Year)

I grant permission for the information requested below to be made available to Concordia University.

Student's signature: __________________________________ Date: __________________

Please submit this form and your acceptance letter from Concordia University to your current International Student Advisor/Designated School Official for completion.

This section to be completed by International Student Advisor/Designated School Official at student’s current school:

The above student is accepted to Concordia University-Portland. Please answer the following so that we may best assist the student:

1. Dates of actual attendance: __________________ to __________________ OR Never attended__________

2. Is the student eligible to continue at your school? Yes_____ No______ If no, please explain: __________________________
____________________________________________________________________________

3. Please list periods of Curricular or Optional Practical Training. If none, please state this here: __________

   Degree level: __________________________________________________
   Authorized dates: ________________________________________________

4. Please list authorizations for Reduced Course Load. If none, please state this here: __________________________

   Reason: __________________________________________________________
   Degree level: ____________________________________________________
   Dates authorized: _________________________________________________

5. The student’s record must be released in ACTIVE status. SEVIS release date: __________________________

Signature: __________________________________________________________ Name: ________________________________

Title: __________________________________________________ Institution: ________________________________

E-mail: ___________________________________________________ Date: __________________________

Mail completed form to address below, or fax to 503.280.8531, or email to: applicationmaterials@cu-portland.edu

Please transfer student’s SEVIS record to Concordia University POO214F00097000

Concordia University International Admissions  2811 NE Holman Street, Portland, Oregon 97211-6099 USA

www.cu-portland.edu