

Southern Nazarene University

CHARACTER | CULTURE | CHRIST

International Transfer Student Information Request Form

Full Name: _____
Last First Middle

Social Security Number (if any): _____

I give permission for release of the following information:

Student's Signature _____ Date: _____



To the International Advisor: The above named student has decided to transfer to our university, please complete the following:

Student's visa type: _____

Fall/Spring/Summer/Other _____ was the first semester/quarter/session in attendance at our institution and the student is/was last enrolled for the _____ term in _____ hours.

Is the student pursuing a full course of study and in good standing with INS therefore eligible for transfer? ____ Yes ____ No, because: _____

Is the student in good academic and financial standing? ____ Yes ____ No, because: _____

Has the student ever been reinstated? ____ No ____ Yes, when? _____

Has the student ever been authorized for a reduced course load? ____ No ____ Yes, when? _____

Has the student been granted off-campus or practical training employment? ____ No ____ Yes
If yes, specify type/s and dates: _____

Has the student been the subject of disciplinary action while attending your school? ____ No ____ Yes, briefly explain: _____

What is the release date for this student? _____

Signature of School Official

Institution Name and Address
(Institutional Seal)

Thank you for your assistance. Please mail, fax or e-mail this form directly to:

Office of International Student Services
Southern Nazarene University
6729 NW 39th Expressway
Bethany, OK 73008
Phone: (405)491-6624
Fax: 405-717-6270
E-mail: international@snu.edu