If you are an international student currently attending a college or university in the United States and have decided to apply to Oakland University (OU), please complete the student section and submit this form to the International Student Advisor at your current institution. International students transferring from another U.S. institution to Oakland University must transfer schools according to U.S. Citizens and Immigration Services (USCIS) regulations. Please follow these steps to complete a transfer:

1. Complete Part I of this form.
2. Submit this form to the International Student Advisor at your current school or school most recently attended, requesting Part II of the form be completed and faxed to the International Students and Scholars Office (ISSO) at (248) 370-3351.
3. If you are admitted to Oakland University as an international student, your file will be sent to the ISSO. They will only issue your new I-20 after your current institution transfers your SEVIS record to Oakland University.
4. You will also receive a congratulations e-mail from the ISSO informing you of when your SEVIS I-20 will be issued by OU and what date the mandatory international orientation will be scheduled for the upcoming semester.

NOTE: Failure to follow the above directions may jeopardize your immigration status. USCIS will not reinstate a student to status for failure to transfer schools. If you are currently on OPT and have questions about the SEVIS transfer process, please contact the International Students and Scholars Office at (248) 370-3358 or isso@oakland.edu.

For further assistance
If you have questions, please contact:
Graduate Admissions
O’Dowd Hall, Room 520
586 Pioneer Drive
Rochester, MI 48309-4482
(248) 370-2700
(248) 370-3226 (fax)
PART I. TO BE COMPLETED BY STUDENT:
If you are currently attending a college, university or language center in the United States, please complete the student section and submit this form to the International Student Advisor at your current institution. The advisor should complete this form and fax it directly to Oakland University.

Print: (Last name) (First name) (Middle name)

I hereby authorize the International Student Advisor at the most recent U.S. college/university I attended to complete this form and have it faxed directly to the International Students and Scholars Office (248) 370-3351 at Oakland University in Rochester, Michigan 48309-4401.

(Student applicant’s signature) (Date)

PART II. TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR/DESIGNATED SCHOOL OFFICIAL:
The above named student has applied to Oakland University. In compliance with USCIS regulations, we request confirmation of his/her status at your institution before considering this student for admission to Oakland University. Please complete and fax to (248) 370-3351.

SEVIS ID Number _______________________________________________ Initial date of enrollment at your institution __________________________________________

Date of last attendance at your school ________________________________

☐ F-1 Completion date on I-20 ___________________________ Student’s I-94 Admission Number ____________________________

Oakland University School Code: DET214F00763000

Please check one of the following:
☐ The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by USCIS).
☐ The student is out of status and a reinstatement to student status was filed.
☐ The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new SEVIS I-20 from Oakland University.
☐ Other ________________________________________________________

Would this student be permitted to continue or return to your institution? ☐ Yes ☐ No
If your answer to the above question is NO, please explain ________________________________________________________________

Please indicate if student is currently on Optional Practical Training (OPT). ☐ Yes ☐ No
Please provide date which appears on SEVIS I-20 which states OPT will end on ________________________________

Name and title of designated school official completing this form ________________________________

Name of institution ________________________________________________

Signature ___________________________ Date ________________

City, State ZIP ___________________________ Telephone number ___________________________ Email Address ___________________________