



Graduate Admissions
INTERNATIONAL STUDENT TRANSFER
VERIFICATION FORM

Complete only if you already are attending another college, university, secondary school or language program in the United States. Please complete the information in the box below and send or give to your international student advisor at the U.S. institution where you currently attend or have most recently attended.

Your advisor should complete the remainder of the form and return to you or send directly to:

Austin Peay State University Fax: 931-221-7641
Graduate Admissions Email: gradadmissions@apsu.edu
Box 4458
Clarksville, TN 37044

Austin Peay State University Main Campus SEVIS School Code: NOL214F10413000

THIS SECTION TO BE COMPLETED BY STUDENT (please print):

I request and authorize the school listed below to complete the International Student Advisor section and return it to me or to send to the Office of Admissions at Austin Peay State University at the information listed above.

Name: Last/Family Name First/Given Name Middle

Name of current school: (The institution that has issued an I-20 or DS-2019 to the student)

Dates of attendance: from to

Signature: Date:

THIS SECTION TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR\*:

Was student in good academic standing? Yes No

Was the student in status per regulations at the time of leaving your institution? Yes No

If "No" for either of the above items, please provide reason (and date of termination if applicable):

Has the student used reduced course load for medical or academic purposes?

Yes No If "Yes," please provide dates of RCL:

Record release date or situation:

Advisor's signature: Date:

Advisor name: Advisor title:

Advisor email: Advisor telephone: ( )

\*Please enclose a copy of the student's I-20 or DS-2019, visa and I-94.