

Return to: Biola University, International Admissions Office Email: <a href="mailto:international.coordinator@biola.edu">international.coordinator@biola.edu</a>

Tel: (562) 903-4761

## **AUTHORIZATION FOR F-1 STUDENT TRANSFER**

Students on F-1 visas wishing to transfer to Biola University must complete Section A and have Section B completed by the institution they were last authorized to attend. **Biola University SEVIS School Code: LOS214F00238000** 

SECTION A: to be comple	eted by Student					
Name of Student:						
	Last		First		Middle	
Date of Birth:/		Passport Country: Passport Expiration Date:				
Passport Number:						
Student's Visa Type:			I-94 A	dmission #:		
Student's Signature			Date (M	M/DD/YYYY)		
SECTION B: to be comple	eted by Internati	onal Advisor	/DSO at th	ne last institution	attended	
Name of Institution:						
Institution Address		City		State		Zip Code
Phone Number	Fax Number		Email Aa	ldress		
Dates of Attendance:		Visa Status:_	F-1	Other: Please Specif	īy:	
Specify the Type of Program	n:High Schoo	lLanguag	e School	College/Universi	tyOther:	
Authorized Periods of Pract	ical Training:	NoneCPT	OPT	Dates:		
Has the student met all fina	ncial responsibiliti	ies:Yes	No	_Unknown		
Please check as appropr  ☐ To the best of my knowledge ☐ To the best of my knowledge	e, this student <u>has</u> m		•	•		•
SEVIS ID Number:			SEVIS Release Date:			
SEVIS School Code:						
Comments:						
Signature of School Official			Name of	School Official		
Title of School Official			Date (M	M/DD/YYYY)		