



Transfer Eligibility Form

Student: We must have the following information, before we can issue an **I-20** for the **F-1 Non-Immigrant Status** to transfer to *Life University*. Please ask the International Advisor at your current institution to complete this form and submit for processing to the Enrollment Office at Life University.

Student's Name: _____
(Print or Type) *Last First Middle Initial*

Mailing Address: _____
Street City State Zip

I grant authorization to have my information released to Life University for Admissions Acceptance.

Students Signature Date

International Student Services Department: The student listed above has applied for Admissions to *Life University*. At this time, we are asking that you verify the above Student's Immigration Status as soon as possible. If accepted, *Life University* will contact your office to request that the student's SEVIS Record be transferred to our office.

Is the student currently enrolled full-time? _____

If not, please explain and give last attendance date. _____

Has the student met all financial obligations? Yes No

Is the student in status with INS? Yes No

Please specify level and field of study? _____

Please describe any periods of off-campus employment: _____

DSO Name _____ Title _____

Institution/Address _____

Telephone _____ Fax _____ E-mail _____

DSO Signature Date

Please complete this form and mail it to the following address or fax to #770-426-2895

Life University

Office of Enrollment | 1269 Barclay Circle | Marietta GA | 30060