Office of International Affairs (OIA)

REQUIRED INFORMATION FOR APPLICANTS NOW IN THE UNITED STATES ON NONIMMIGRANT VISAS

INSTRUCTIONS TO APPLICANTS IN THE U.S.: All students should complete Section A of this form. You should request the International Student Advisor or Counselor at the school you currently attend or most recently attended to complete Section B. You will not be issued an I-20 from WVSU until this form is completed and returned with the documents requested.

In order for WVSU to provide you an I-20, you will need to request your current school’s International Advisor to release your SEVIS record to West Virginia State University. Once you are issued an I-20 from WVSU, you must report to the OIA within 15 days of the beginning of classes to have your transfer processed. If you are not an F-1 or J-1 visa holder, complete Section A only and return the form with the required documentation. All forms should be sent to the address indicated on this form.

SECTION A: INFORMATION FURNISHED BY THE STUDENT

FULL NAME _____________________________________________________________

(Family or surname) (First or given name) (Middle name)

COUNTRY ______________________ COUNTRY OF BIRTH _________________

CITIZENSHIP ______________________

SEMESTER OF INTENDED ENROLLMENT AT WVSU: __________ OF STUDY ________ SOUGHT_______

MAJOR FIELD

MOST RECENT U.S. INSTITUTION ATTENDED ____________________________ DATE OF ATTENDENCE

From___________ to ___________

(Name of Institution)

Place an X next to the visa classification you now hold and attach copies of the documents requested.

_____ F-1 student: Attach copies of your I-94 and all 1-20’s issued to you.

_____ J-1 student: Attach copies of your I-94 and all IAP-66’s issued to you.

_____ Other: Please specify and attach all copies of immigration documentation.

I HEREBY AUTHORIZE THE FOREIGN STUDENT ADVISOR AT THE US INSTITUTION I HAVE MOST RECENTLY ATTENDED TO REVIEW THE INFORMATION PROVIDED ABOVE AND ON THE ATTACHED PHOTOCOPIED DOCUMENT(S) AND TO PROVIDE THE ADDITIONAL COMMENTS REQUESTED IN PART B OF THIS FORM.

Student Signature ________________________________ Date _____________________

(OVER)
SECTION B:

INSTRUCTIONS TO THE PDSO/DSO AT THE INSTITUTION CURRENTLY OR MOST RECENTLY ATTENDED BY THE STUDENT. Before filling out Section B, please review the information the applicant has provided in Section A against the records maintained in your office. Please answer the following questions and return the completed form to the address given at the bottom of this page. Thank you.

1. Is the information in Section A (including photocopies of certificates of eligibility) complete and accurate according to records in your office? YES _______ NO _______
   (If NO, please comment) ____________________________________________________________

2. Please indicate the date the SEVIS record will be transferred to WVSU: ________________

3. To the best of your knowledge, is this student currently in status? YES _______ NO _______

4. Has the student ever been reinstated to status? _______; If yes. Please indicate the date the reinstatement was approved: __________________________________________

5. If the applicant is in F-1 status, please indicate (from your records) his/her:
   First day of F-1 status____________________ SEVIS Number ____________________________
   Dates attended at your institution: From ____________________ To ______________________
   Practical Training authorized by your institution (Please indicate type and specific dates): _________________________________

6. If the applicant is in J-1 status, please indicate (from your records) his/her:
   First day of J-1 status _________________ SEVIS Number ____________________________
   Name of Program Sponsor _________________________________________________________
   Academic Training Authorized (Specify Dates) ________________________________
   Certifying Official Name and Title: ________________________________________________
   Institution: __________________________ Signature __________________ Date ____________
   Address ________________________________________________________________________
   Email: ___________________________________ Telephone (_____)______________________

PLEASE RETURN THIS FORM AND ATTACHMENTS TO:  
international@wvstateu.edu
Office of International Affairs
West Virginia State University
304 Ferrell Hall
P O. Box 1000
Institute, WV 25112
Phone: (304) 204-4094