

Part 1 Please complete and sign

Part 2 Please ask your current International Student Advisor to provide the information

Part 3 Mail or scan and email back to registrar@arizonachristian.edu

The SEVIS School Code for Arizona Christian University is: **PHO214F0014600**

Part 1 (To be completed by the student)

Family Name: _____ First Name: _____

ACU Student ID # (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize my current International Student Advisor or Designated School Official to provide the information requested by Arizona Christian University in part 2 of this form.

Student Signature: _____ Date: _____

Part 2 (To be completed by the International Student Advisor/Designated School Official)

**Note: This is NOT the student's OFFICIAL TRANSFER RELEASE request for your institution. This is only used for the purpose of determining admission to ACU for the above student. An admission decision will be emailed to the DSO after all admission requirements have been reviewed.*

Admission/I-94 # _____

Dates of Attendance: _____ to _____ Graduation date: _____

Degree & major pursued at your institution: _____

Is this student eligible to continue at your institution? ____Yes ____No

Transfer release date, upon confirmation of admission: _____

Student's SEVIS ID: _____

Is/Was the student in status? ____Yes ____No (If no, please explain in comments section)

Is/Was the student pursuing a full course of study when last enrolled? ____Yes ____No

Has the student met all financial obligations at your institution? ____Yes ____No

Please list any periods of Practical Training: _____

Has the student ever been on academic suspension or probation? ____Yes ____No

Comments:

Please provide a copy of the student's 1-20 issued by your institution (Page 1 & 3)

Name of Advisor/DSO: _____ Title: _____

Name of Institution: _____

Address of Institution: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Return form to Arizona Christian University, Attn: Registrar

1 W. Firestorm Way, Glendale, AZ 85306 Phone: 602-489-5300 Fax: 602-489-5306