



**International Student Services  
Office of Admissions and Records**

**TRANSFER RECOMMENDATION FORM**

F-1 or J-1 international students who are applying to the OU Health Sciences Center, and who are currently attending another college or university in the US, **must** submit a Transfer Recommendation Form to the OUHSC ISS. Students must complete the top portion of the form and the International Student Advisor at the current school must complete and sign the bottom of the form. Attach a copy of your I-20, your passport bio page, visa, and I-94. Once you are released by your current school, you must contact the OUHSC ISS office to receive an OUHSC I-20.

**To be completed by the student:**

Name \_\_\_\_\_ Email address \_\_\_\_\_  
Last name (family name) First name

Mailing address \_\_\_\_\_  
# street city province/state country postal code

Current Visa Status \_\_\_\_\_ Currently attending \_\_\_\_\_ (institution in the US)

Indicate the term and year you intend to enter OUHSC: \_\_ Fall \_\_ Spring \_\_ Summer Year \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the International Student Advisor at the current institution:**

Is the student currently in immigration status and eligible for transfer? \_\_\_\_\_

Date of last attendance at your institution \_\_\_\_\_

Has the student been authorized for off-campus employment such as practical training? \_\_\_\_\_

If yes, please specify type and date \_\_\_\_\_

SEVIS ID \_\_\_\_\_ Release date \_\_\_\_\_

If the student holds a J-1 visa, provide the following information:

Sponsor name \_\_\_\_\_ Program number \_\_\_\_\_

Release to **University of Oklahoma Health Sciences Center, DAL214F01139000**

Other remarks: \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official Name and Title Email

\_\_\_\_\_  
Institution Name and Address Date

**Please complete and return this form to OUHSC Admissions and Records.**

Updated 2/2008