

To Be Completed by an USCIS designated school official

Transfer Release Form

Students looking to transfer into Reinhardt University from another institution must complete this form. Failure to complete this form may jeopardize your legal standing in the US. Please present this document to your current international student advisor to fill out their portion of this form.

If you have any questions or concerns, please contact **Kaitlyn Sherwood** at 770.720.5568 or internationalstudents@reinhardt.edu.

Signature: _____ Date: ____

Applicant's Name:

Waleska, GA 30183

770-720-5526 770-720-5899 (fax)

Name of Student: _____ SEVIS ID Number: _____

Present Address:			
Country of Citizenship:			
Immigration Status:			
Is the student in good standi	ng with the institution Y/N?		
Has the student been pursui	ng a full course of study Y/N?		
Is the student eligible to retu	rn to your school Y/N?		
Last Semester/Quarter atten	ded?		
I certify that the preceding inj	formation is correct.		
Name and Title of School Official		_	
Signature		Date	
Name and Address of Institu	tion		
Please return this form to:	Office of Admission Reinhardt University 7300 Reinhardt College Circle	By Email: internat	ionalstudents@reinhardt.edu