

PART 1: To be completed by the transferring student (print or type)

Name

Date of birth: _____ **Country of citizenship** _____

Current residential address to which the Stockton visa document should be sent:

E-mail address _____ **Telephone number** _____

Please note:

Student's signature _____ **Date** _____

PART 2: To be completed by the International Student Advisor (DSO)

Student's SEVIS #

| | Fall | Spring | Summer term |
|--|-------------|---------------|----------------------|
| | | | Yes No |

Please note: Keep in mind that processing a visa document may take a minimum of 30 days to complete