This form applies only to non-immigrant students who have been attending school in the United States and who wish to transfer their student visa sponsorship to UVa Wise. The Designated School Official of the school where the student is currently enrolled should complete the form.

Part 1: TO BE COMPLETED BY APPLICANT

Applicant’s Name (please print): ________________________________________________________________

I request and authorize my present International Student Advisor to provide the information below to The University of Virginia’s College at Wise.

Signature: ___________________________________________ Date: ____________________________

Part 2: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR/DESIGNATED SCHOOL OFFICIAL

The above named student is applying for admission to UVa Wise. Please provide the following immigration information and return this form to the address below.

1. Is the student eligible to continue at your institution? (if not, please explain)
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

2. Date of graduation/termination of study: ____________________________

3. Is the student under your visa sponsorship?
   Yes___ No___
   Sponsor: ________________________________________________________________
   a. Is the student pursuing a full course of study? ____________________________
   b. Has the student experienced financial difficulty? ____________________________
   c. Is the student in status with BCIS? ____________________________

4. For F-1 visa status holders
   Maintaining duration of status: _____________ SEVIS ID# ____________________________
   Degree pursued at your institution: ____________________________
   Duration of degree program noted on original I-20: ____________________________
   Practical Training: pre-completion: _____-months / post-completion: _____-months / curricular: _____-months

5. For J-1 Visa Status Holders
   Specific Category: ____________________________
   Expiration Date of I-94: _______ When did individual first assume J-1 status? ____________________________

Name: ___________________________________________ Title: ____________________________
Institution/Address: ________________________________________________________________
Telephone: ___________________________ Signature: ___________________________ Date: ____________________________

Return to: Office of Admissions, The University of Virginia’s College at Wise, One College Avenue, Wise, VA 24293