Baker University - School Transfer Eligibility Form

As part of the application process to Baker University, please complete "section A". Please request the international student designated school official of your transfer-out institution fill out "section B". This form must be turned to the Office of the Registrar. The completion of this form is required as part of the international student admission process. The completed form may be faxed to 785-594-4521, or mailed to Baker University, Office of the Registrar, P.O. Box 65, Baldwin City, KS. 66006.

Your I-20 cannot be processed without completion of the form.

Section A: (Student)
Student name_____
Present Address_____
Institution transferring from_____
Dates of attendance_____
Country of citizenship_____
I-20 I.D. admission number_____
Date first began F-1 status_____
Program end date on current I20_____
Student Signature_____

Section B: (International Student Designated School Official)

The above named student has applied for admission to **Baker University College of Arts & Sciences/School of Nursing, SEVS ID KAN214F01052000.** Before a transfer I-20 can be prepared the student must be released from his/her current I-20 institution. Please provide the following information.

1. Has a transfer-in institution been designated for this student in SEVIS? Yes_____ No_____
   If yes, name of the transfer-in institution_____
   If no, please note Baker University, school code KAN214F01052000, as the transfer-in institution and the release date.
   Transfer-out release date in SEVIS:_____
   NOTE: Baker University has two school codes in SEVIS. To ensure the transfer made to our Baker University College of Arts & Sciences/School of Nursing, search for the school by using the SEVIS ID: ***KAN214F01052000***

2. Is the student currently "in status" with DHS? Yes_____ No_____ If no, please explain:_____
   _____

3. Is he/she eligible to re-enroll at your institution? Yes_____ No_____ If no, please explain:_____
   _____

4. Has this student had any disciplinary/behavioral problems at your institution? Yes_____No_____ If yes, please explain:_____
   _____

I certify that the preceding information is true and correct.

_____
Signature Print Name and Title Date

Name of Transfer-out Institution_____

Mailing Address_____