



SEMINARIO BÍBLICO RIO GRANDE

4300 S US Hwy 281 • Edinburg, TX 78539
Admisiones: (956) 380-8111
Fax (956) 380-8101
Correo electrónico: admisiones@riogrande.edu

SCHOOL TRANSFER FORM

To be completed by International Student (Please Print)

STUDENT INFORMATION

Name: _____
Last (Family/Surname) First Middle
Birth date: ____/____/____ Social Security Number: _____
Month Day Year (if applicable)
Present Address: _____
E-Mail: _____ Phone: _____
Country of Citizenship: _____
Semester for which you are applying to Rio Grande Bible College: Fall (August) Spring (January) Year: _____

I, _____, permit the information requested below to be forwarded to Rio Grande Bible College.

To be completed by Foreign Student Advisor or Other Designated Official at Your Current School

Visa Type: _____ SEVIS Admission Number: _____ I-94 Admission Number _____
Expected SEVIS "Release Date": _____ Is the student eligible to continue at the present school? _____

Has the student encountered any serious problems in the following areas since you have known him/her?

- Academics Finances Social or Emotional

Please explain as appropriate: _____

Does the student have any outstanding financial obligations to your school? Yes (If yes, please explain below.) No

To the best of your knowledge, is the student in status with the INS: Yes No (If no, please explain below.)

Should the student be advised to seek reinstatement to student status? Yes (If yes, please explain below.) No

Comments: _____

Was the student registered for a full course of study the preceding quarter/semester? Yes No

Please indicate any curricular, optional practical or academic training granted to this student: _____

I certify that the preceding is correct.

Signature of individual completing this form: _____ Date: _____
Name (Please Print): _____ Title: _____
Name of Institution: _____ Phone Number: _____
Signature of International Student Advisor: _____ Date: _____

The Immigration and Naturalization Service requires this information in order for you to transfer from one educational institution to another.

DSO, Please return this form to the address on top of this page. Attn: Keith Heppner