

# JAMES MADISON UNIVERSITY

International Student & Faculty Programs, Cleveland Hall, MSC 8003, Harrisonburg, VA 22807  
Telephone: (540) 568-6119 or (540) 568-6336 Fax: (540) 568-8080

## INTERNATIONAL STUDENT ADVISOR'S REPORT

This form applies to non-immigrant students in F or J status who have been attending school in the United States and wish to transfer their student visa sponsorship to JMU. The Designated School Official at the school where you are currently enrolled must complete this form.

**Part I: To be completed by the Applicant:** \_\_\_\_\_

Applicant's Full Name (Please Print)

Social Security Number \_\_\_\_\_

**I request and authorize my present International Student Advisor to provide the information below to James Madison University**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### **Part II: To be completed by the International Student Advisor/Designated School Official**

The above named student is applying for admission to James Madison University. Please provide the following immigration information and return this form to the address above.

Current Visa Type \_\_\_\_\_ I-94 Expiration Date \_\_\_\_\_

SEVIS Number \_\_\_\_\_ SEVIS Release Date if known \_\_\_\_\_

1. Will the student require reinstatement? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, explain on back)
2. Is the student pursuing a full course of study? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Has the student experienced financial difficulty \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide information on any approved periods of CPT or OPT:

☐ CPT from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ degree level: \_\_\_\_\_ full-time \_\_\_ part-time \_\_\_

☐ OPT from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ degree level: \_\_\_\_\_ full-time \_\_\_ part-time \_\_\_

\_\_\_\_\_  
Designated School Official's Name and Title

\_\_\_\_\_  
Institution Name, Address and Telephone Number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_