



Office of International Students
Alderson Broaddus University
Box 2003
101 College Hill Drive
Philippi, WV 26416

TRANSFER ELIGIBILITY FORM
(F-1 Student Visa Holders)

Dear International Student:

The following information is required in order for us to approve your transfer to Alderson Broaddus University.

Please ask the International Student Coordinator at the school you are currently attending or last attended to complete this form and return it to our office by mail, email, or fax. This information will help us in the process of your transfer. Our school code is _____.

TO BE COMPLETED BY THE STUDENT

I authorize _____ (name of current or past U.S. university) to provide information to Alderson Broaddus University.

Form fields: Last name/first/MI, SEVIS Number, Immigration Status, Signature

TO BE COMPLETED BY A COLLEGE OFFICIAL OF THE CURRENT SEVIS HOLDER

I certify that the student named above : [] is registered [] was registered
As a [] full time student [] less than full time student
At this institution for the _____ term of 20__ and is currently [] in status [] out of status.

Form fields: Signature of School Official, Date, Name and Title of School Official, Name of Institution, Address, Phone

Please return this form to Alderson Broaddus University by mail, fax, or emailed.
Fax: 304-457-6239
Email: nusseljm@ab.edu