

INTERNATIONAL STUDENT ADVISER'S REPORT

Dear Applicant:

Thank you for your application to the University of Evansville. We have noted that you are currently residing within the United States. The U.S. Immigration and Naturalization Service requires the University of Evansville to verify the current immigration status of an applicant to ascertain whether or not a Certificate of Eligibility for an F-1 Student (Form I-20) should be issued.

Please complete Section A of this form, and then have the international student adviser at your current school complete Section B. Please ask that individual to send this form to the Office of International Student Services listed below.

SECTION A

Name _____ Birth Date _____

Address to which you would like to have your I-20 mailed:

Address: _____

City _____

State _____ Zip _____

Current Visa Status (Please check one.)

- F-1 Student in a degree seeking program
- F-1 Student in an English language program
- F-2 Dependent/spouse of an F-1 student
- B-1/B-2 Business/Tourist. Please attach double-sided photocopies of your I-94 Card and copy of your passport and visa page.
- Other (for example H-1, H-4, L-1). Please attach double-sided photocopies of I-94 Card, approval notices and copies of your passport and visa page.

Signature _____ Date _____

By signing this form, you are giving permission to your current international student adviser to provide the University of Evansville with information regarding your current visa status.

For more information, contact:

Office of International Student Services
1800 Lincoln Avenue
Evansville, Indiana 47722

Tel: 812-488-2279

Fax: 812-488-2156

internationalstudent@evansville.edu
www.evansville.edu

SECTION B

(To be completed by the international student adviser at your current school):

To the adviser: The student listed on this form has applied to the University of Evansville. To assist us in complying with INS Regulations, we need for you to complete Section B of this form. Your assistance is greatly appreciated.

Is the student eligible to continue at your institution: Yes No

If no, why not? _____

Is the student currently enrolled at your institution? Yes No

Dates that the student attended your institution: _____

INS Admission Number: _____ Visa Classification: _____

If J-1, please state: Classification (student, professor etc.): _____

Program Number: _____ Date of Entry: _____

Has the student been reinstated? Yes No Does the student need reinstatement? Yes No

If yes for either reinstatement question, please give a description of why the student needs reinstatement or when it was approved:

Please attach copies of the students I-20/IAP-66, I-94 Card, Passport Name Page and Visa Page. Your assistance is greatly appreciated.

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Print Name and Title or Stamp _____
