



F-1 Transient Student Form
for students holding an I-20 from a different school

Instructions:

Before you are allowed to schedule classes as a transient student at Union University, your current International Student Adviser must complete this form. Your signature indicates your permission to your adviser to answer the following questions. This form must be returned to the following address, along with a copy of your current I-20.

International Student Office
UU #429, 1050 Union University Dr.
Jackson, TN 38305 Fax: (731)661-5175

This information will be used only by our office. The form does not:

- Approve or ensure acceptance of courses you take at Union for transfer credit to your home college or university
- Approve acceptance to take courses by the Admissions Office

In order to take courses at Union University, you will need to contact the respective admissions offices of the program you are interested in (for undergraduate classes contact Undergraduate Admissions at 731.661.5100)

Section 1: To Be Completed by Student

Family or Last Name _____ First Name _____

INS (I-94)# _____ Country of Citizenship _____

Email Address _____ Tel. Number _____

Student's Signature _____ Date: _____

Attach a copy of the front and back of current I-20.

Section 2: To be Completed by International Student Adviser/DSO

The student above is applying to Union University as a Transient F-1 Student. Your answer to the following questions will help us be sure he/she meets all I.N.S requirements. The information will only be used by our office and will not be released without the student's permission.

To your knowledge, is the student in is status for I.N.S purposes? Yes No

If no, please explain: _____

Will the student be on approved vacation period during the semester he/she will be taking classes at Union University? Yes No

If no, will the student be registered for classes at your institution while taking courses at Union University? Yes No

Does the student have your approval to take classes at Union University while under your school's I-20? Yes No

Is the student eligible to return to your institution? Yes No

If no, please explain: _____

Name of College/University _____

International Student Adviser's Name _____ **Phone** _____

Adviser's Signature _____

Date _____

School Stamp or Seal Required

Return Form to: International Student Office
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