

# WAGNER COLLEGE

## INTERNATIONAL STUDENT ADVISOR'S REPORT

This form applies only to non-immigrant students who have been attending school in the United States and who wish to transfer their student visa sponsorship to Wagner College. The Designated School Official of the school where the student is currently enrolled should complete this form.

### PART 1: TO BE COMPLETED BY APPLICANT

Applicant's name (please print) \_\_\_\_\_

I request and authorize my present International Student Advisor to provide the information below to Wagner College.

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

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### PART 2: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR/DESIGNATED SCHOOL OFFICIAL

The above-named student is applying for admission to Wagner College. Please provide the following immigration information and return this form to the address below.

1. Is the student eligible to continue at your institution? (If not, please explain.) Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

2. Date of graduation/termination of study \_\_\_\_\_

3. a. Is the student under your visa sponsorship? Yes \_\_\_\_\_ No \_\_\_\_\_ Sponsor \_\_\_\_\_

b. Is the student pursuing a full course of study? \_\_\_\_\_

c. Has the student experienced financial difficulty? \_\_\_\_\_

d. Is the student in status with USCIS? \_\_\_\_\_

e. Is the student maintaining duration of status? \_\_\_\_\_ SEVIS ID# \_\_\_\_\_

f. Degree pursued at your institution \_\_\_\_\_

g. Duration of degree program noted on original I-20 \_\_\_\_\_

h. Practical training: pre-completion \_\_\_-months post-completion \_\_\_-months curricular \_\_\_-months

Name \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

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

Return to: Ellen Navarro or Sidiq Soulemana  
Center for Intercultural Advancement  
Wagner College  
One Campus Road  
Staten Island, NY 10301

Phone: 718-420-4517 Fax: 718-390-9321