

SOUTHERN OREGON UNIVERSITY

INTERNATIONAL STUDENT ADVISOR REPORT COMPLETE THIS FORM ONLY IF YOU ARE TRANSFERRING FROM A U.S. HIGH SCHOOL, COLLEGE OR UNIVERSITY

Student Name (please print) _____

To the student: Sign and date below in the space provided. Present this form to the International Student Advisor at the school you are presently attending or last attended.

I grant permission for the information requested below to be forwarded to Southern Oregon University.

Student Signature

Date

To the Foreign Student Advisor: The student named above is applying for transfer admission to Southern Oregon University. Please complete the information requested and mail to: **Office of Admissions, Southern Oregon University, 1250 Siskiyou Boulevard, Ashland OR 97520.**

- 1. When did the student first enroll at your institution? _____
- 2. Is the student currently attending your institution? _____
- 3. If not, when did the student last attend? _____
- 4. Has the student been enrolled full-time each term? _____ If not, please explain: _____

- 5. Original estimated date of completion of current program: _____
- 6. Has student been granted permission to work? _____ If so, date granted: _____
- 7. Has student participated in curricular practical training? _____ If so, dates: _____
- 8. Do you recommend this student for transfer to SOU? _____ If no, please explain: _____

Your Printed Name & Signature: _____

Title/Institution: _____

Phone: _____

Email: _____

Date: _____