Supplemental Information Form For International Applicants Transferring from U.S. High Schools/Colleges/Universities Office of Admission University of Jamestown 6081 College Lane Jamestown ND 58405

Please have the High School Principal or the International Student Adviser at the U.S. institution you are now attending complete this form and fax to: 701-253-4318.

1-94 ADMISSION/DEPARTURE #			SEVIS I-20 #		
Legal Name					
Last (family name	e)	First	Middle or former (if ap	oplicable)	
Present Mailing Address					
Str	eet /P.O. Box	City	State	Zip	
Date of Birth// Commonwhite Common Month/Date/Year	ountry of Birth_		Country of Citizenship		
U.S. Social Security Number (i	f available)		Immigration Status		
The student's date of initial atteDuring his/her attendance aDuring his/her attendance a Type of degree Type of degree	t your school, the	e student did e student did Date	not complete the degree pro	gram(s):	
Date student transferred in SEV	IS by adviser or	principal (or	expected date)//		
Transfer to: University of James Contact: Donovan Gibson, Dire Postal address: 6081 (Email address: dgibs Phone: 701-252-346)	ector of Internat College Lane, Ja on@uj.edu	ional Admissi	on		
Name of Adviser or Principal (plea	ase print)				
Mailing Address					
Email Address			Phone#		
Signature of Adviser or Principal			Date		