



**INTERNATIONAL STUDENT OFFICE**  
**FOREIGN STUDENT ADVISOR REPORT for TRANSFER STUDENTS**

*To be completed by the student:*

_____	_____	_____
Last Name	First Name	Middle Name
 Date of Birth		Country of Citizenship
 Address		
_____		
Home Phone	Cell Phone	Email

I request and authorize my present International Student Advisor (DSO) to provide the information below as part of the transfer process to: **North American University SEVIS: HOU214F56133000**  
**FAX: 281-272-0124 or Email: ISO@na.edu**

Student Signature	Date
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*To be completed by the foreign student advisor at the current or most recent school:*

Name of Institution	SEVIS CODE #		
Student Advisor's Name and Title	School Phone		
School Address			
City	State	Zip	Completion date on I-20
_____	_____		
Last Date school attended by student	SEVIS Release Date		
Would student be permitted to return to your school? (If 'no', please attach explanatory document).	Yes	No	
Student Advisor Signature	Date		