

# International Student Advisor's Report

(For international students transferring from post-secondary institutions within the United States)

## To the applicant/student:

Please sign this form and give it to the appropriate office or person (e.g. International Student Advisor) at your institution for completion. Your signature indicates that you are giving permission for your previously attended institution to answer the questions below. **Your application will NOT be processed without this report.**

Please print.

Name of Applicant/Student \_\_\_\_\_  
Last (Family) name First name (Surname) Middle name Preferred name

Signature of Applicant/Student \_\_\_\_\_ Date \_\_\_\_\_

## Items below to be completed by the International Student Advisor or other Designated School Official

Please comment on the items below as they relate to the above named student.

1. Non-immigrant status

<input type="checkbox"/> F-1 I-20 ID Admission # _____ <input type="checkbox"/> F-2 Dependent <input type="checkbox"/> J-1 Category _____ Sponsor _____ <input type="checkbox"/> J-2 Dependent <input type="checkbox"/> Other Specify _____
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2. Is the student enrolled at your institution full-time this semester? \_\_\_ Yes \_\_\_ No.  
If no, explain. \_\_\_\_\_
3. Would the student be permitted to continue or return to your institution? \_\_\_ Yes \_\_\_ No.  
If no, explain. \_\_\_\_\_
4. Has the student ever been involved in disciplinary action or demonstrated difficulty adjusting to the campus environment?  
\_\_\_ Yes \_\_\_ No.  
If yes, explain. \_\_\_\_\_
5. Has the student ever had difficulties in other areas (health, finances, etc.)? \_\_\_ Yes \_\_\_ No.  
If yes, explain. \_\_\_\_\_
6. Please list any special abilities or leadership qualities demonstrated by the student. \_\_\_\_\_  
\_\_\_\_\_
7. Do you recommend the student for transfer to UNC Pembroke? \_\_\_ Yes \_\_\_ No.  
If no, explain. \_\_\_\_\_
8. For verifying the student's immigration status, please attach a copy of the original I-20 or current IAP-66 issued to this student by your institution (front and back copies, if available).

Additional comment, either positive or negative, will be helpful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of International Student Advisor or Designated School Officer \_\_\_\_\_ Date \_\_\_\_\_

Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

**Return this form to:**  
**The University of North Carolina at Pembroke**  
**Office of Undergraduate Admissions Lumbee**  
**Hall**  
**P.O. Box 1510**  
**Pembroke, NC 28372-1510**  
**Fax (910) 521-6497**