TRANSFER IN INFORMATION FOR INTERNATIONAL STUDENTS
(if in a U.S. school or college or university)

If you are transferring from another institution in the United States and are currently holding an F-1 visa, you must fill out the top section of this form and have your current school fill out the bottom section. This form is necessary to complete your enrollment at Middle Georgia State University. Please print or type.

Last Name ____________________________________________ First Name ____________________________________________ Middle Name ____________________________________________

Name of Transferring Institution: ____________________________________________

Address of Transferring Institution: ____________________________________________

City ____________________________________________ State ____________________________________________ Zip Code ____________________________________________

I intend to transfer to Middle Georgia State University beginning in (Indicate term and year)

Fall Spring Summer Year: 20_______

SEVIS Number: ____________________________________________

I authorize my current school to provide Middle Georgia State University with the information requested below.

Student Signature: ____________________________________________ Date: _____/_____/_______

This section to be completed by designated school official.

This student is in status with USCIS and is eligible to transfer from this institution to another: _____Yes _____No

Comments:

__________________________________________

__________________________________________

SEVIS Number: ____________________________________________

Student’s Admission Number (I-94): ____________________________________________

Date of Student’s Initial Entry to the U.S. in F-1 status: ________/______/_______(mmddyyyy)

Name of Institution: ____________________________________________

Mailing Address: ____________________________________________

City ____________________________________________ State ____________________________________________ Zip Code ____________________________________________

Phone: (____)____-______ Fax: (____)____-______ Email: ____________________________________________

Name of Designated School Official: ____________________________________________

Title: ____________________________________________

Signature: ____________________________________________ Date: _____/_____/_______

Revised 02/23/16