

**INTERNATIONAL STUDENTS**

**F-1 Transfer-In Form**

All F-1 students transferring from another institution in the United States are required to submit this form with their application to be admitted to SJR State.

**Part 1: To be completed by the student**

1. Student's Full Name \_\_\_\_\_

2. Student ID # \_\_\_\_\_

3. My first semester at SJR State will be:  Spring  Summer  Fall Year : \_\_\_\_\_

I intend to transfer to SJR State and give permission for the following information to be disclosed to SJR State.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: To be completed by the International Student Advisor at your previous institution:**

SEVIS ID Number: N \_\_\_\_\_

Dates of attendance (mm/dd/yy): From \_\_\_\_\_ To \_\_\_\_\_

Expected SEVIS transfer release date (mm/dd/yy): \_\_\_\_\_ (Do not release without proof of admission)

Level of study at your institution:  Language  Associate Other: \_\_\_\_\_

Has this student ever experienced financial difficulties while enrolled?  Yes  No (if yes, please explain)

Did the student attend another U.S. institution before yours?  Yes  No

Is this student eligible to continue at your institution?  Yes  No

To the best of your knowledge, did this student comply with all USCIS regulations while enrolled at your institution?  Yes  No

(We do not accept students who are out of status).

Has this student had periods of practical training?  Yes  No OPT dates: \_\_\_\_\_ CPT dates: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Name of School:

\_\_\_\_\_  
Address:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Designated School Official's Name: \_\_\_\_\_

\_\_\_\_\_  
DSO's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Form:

Admissions and Records Office  
5001 St. Johns Ave., Palatka, FL 32177

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