F-1 International Transfer In Form

If you are currently enrolled in or recently graduated from a college, university, or high school as an F-1 or J-1 student in the United States, you must complete Section 1 of this Transfer Form. Please present this form to the current International Student Advisor/Designated School Official so he/she can provide the additional information requested in Section 2. Please return the completed form to the address below. Your current Advisor or DSO is NOT to transfer your SEVIS record without coordinating the date with the Union University International Student Office.

SECTION 1: To Be Completed By Student

I hereby authorize my current International Student Advisor/DSO to provide the following required information, which will be treated confidentially and used solely for the purposes of admission.

Visa Type: (check one) □ J-1 □ F-1 □ Other (please specify) _____________________________

SEVIS ID Number: _____________________________

Student’s Signature ___________________________________ Date: _______________________

Family or Last Name _______________________________ First Name _______________________

INS (I-94)#: __________________________ Email: _____________________________

***Attach a copy of the front and back of all previously issued I-20s, I-94s, Visas, Passport expiration and ID pages, employment card, and notices of action before forwarding to your Advisor/DSO.

SECTION 2: To Be Completed By the International Student Advisor/DSO

The international student named above is applying for admission to Union University. We would appreciate your evaluation of the following questions.

Transfer Release Date: __Call to Schedule__

Indicate dates student was in F-1 Status: From (mo/yr) ______ / ______To (mo/yr) ______ / ______

Has the student been maintaining legal F-1 status at your institution? □ Yes □ No
If No, please explain: __________________________________________________________________

Has this student been granted Practical Training/Academic Training? □ Yes □ No
If yes, type & dates: □ Curricular □ Optional From ____________ To _______________
□ Curricular □ Optional From ____________ To _______________

Has this student experienced financial difficulties? □ Yes □ No
If yes, please explain __________________________________________________________________

Date of Graduation or Last Semester/Quarter Attended ______________________________________

Additional Remarks: ____________________________________________________________________

DSO Signature/Title __________________________________________________ Date ____________

Printed Name _______________________________________________ Phone ___________________

DSO Email Address _____________________________________________

Institution/Address ____________________________________________

Please return this form to: International Student Office
Pam Whitnell, PDSO, pwhitnell@uu.edu
UU 3018, 1050 Union University Dr.
Jackson, TN 38305
Phone: (731)661-5031
Fax: (731)661-5175

Rev. 06/12