



**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) \_\_\_\_\_

**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, DS-2019's, 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. **Please return directly to the address below along with a copy of all I-20s, DS-2019's, I-94, visas, passport expiration and ID pages, employment card, and Notices of Action.**

**SEVIS ID Number:** \_\_\_\_\_ **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** \_\_\_\_\_

**Institution/Address** \_\_\_\_\_

**Please return this form to:**  
**International Student Office**  
UU 2303, 1050 Union University Dr.  
Jackson, TN 38305  
Phone: (731)661-5031  
Fax: (731)661.5175

School Stamp or Seal Required