

# F-1 Graduate Transfer In Form

UNIVERSITY OF INDIANAPOLIS

SEVIS School Code: CHI214F10467000

*International Division, University of Indianapolis, 1400 E. Hanna Ave., Indianapolis IN 46227*

TEL (317) 788-3247

FAX (317) 788-3383

*University of Indianapolis requests the following information in order to correctly transfer your SEVIS I-20 to maintain your immigration status. You must report to the International Division (211 Schwitzer Student Center) within 10 days of the program start date listed on your SEVIS I-20 to complete the immigration transfer process. Please attach copies of your I-94 and all I-20s from schools previously attended.*

**Student Instructions:** Complete Section 1 of this form. Have the Designated School Official or International Student Advisor at the institution from which you are transferring complete Section 2.

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

FAMILY NAME \_\_\_\_\_ First/Given Name \_\_\_\_\_  
(As it appears on your passport and SEVIS I-20)

Upon completion of your final term at your current school, do you plan to travel outside the US prior to enrollment at the University of Indianapolis? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If **Yes**, please provide dates of travel outside the US:

Date of departure from US \_\_\_\_\_ Date of return to US \_\_\_\_\_

Semester for which you are applying to U of Indianapolis:  Fall 200\_\_  Spring 200\_\_  Summer 200\_\_

Name of school last authorized to attend in the U.S. \_\_\_\_\_

I intend to transfer to University of Indianapolis, and I authorize the release of information requested on this form for the purpose of the transfer of schools.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's e-mail address \_\_\_\_\_ Phone # \_\_\_\_\_

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## Section 2 To be completed by Designated School Official or International Student Advisor of school last authorized to

**attend:** The student named on this form has indicated he/she would like to transfer to University of Indianapolis. Please confer with the student and determine the RELEASE DATE for the student.

SEVIS ID \_\_\_\_\_ RELEASE DATE \_\_\_\_\_

To the best of your knowledge, has the student maintained his/her immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate any Practical Training authorized for this student:

Curricular Practical Training from (dates) \_\_\_\_\_ to \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Optional Practical Training from (dates) \_\_\_\_\_ to \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Name of DSO completing this form \_\_\_\_\_ Title \_\_\_\_\_

Name and Address of School \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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