

F-1 Undergraduate Transfer In Form

UNIVERSITY OF INDIANAPOLIS

SEVIS School Code: CHI214F10467000

Office of Admission, University of Indianapolis, 1400 E. Hanna, Indianapolis IN 46227

TEL (317) 788-3216

FAX (317) 788-3300

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 # _____

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 _____