TRANSFER-IN FORM
INTERNATIONAL STUDENTS

Aïda G. Neary, International Student Advisor and PDSO
Salve Regina University •100 Ochre Point Avenue • Newport, RI, 02840 ; Fax: 401-341-2972

Instructions to the student: In order to complete the transfer of your F-1 status from your current school to Salve Regina University, we need immigration information from your current school. Complete section A and then mail or present this form to the Designated School Official (DSO) at your current school, who will complete section B. They will then send this form back to Salve Regina University. You must complete the transfer process **within 15 days** of beginning classes at Salve Regina University. This form is required before an I-20 can be issued and your transfer finalized.

(A) To be completed by the student

Family Name: _____ First Name: _____

SEVIS ID: _____

I intend to transfer to Salve Regina University for the [circle one] Fall/Spring (year) _____ semester.

Do you plan to exit the United States after completing studies at your current institution and before beginning studies at Salve Regina University? _____

If yes, please give dates for your planned trip: _____

I hereby grant permission for the information requested below to be made available to Salve Regina University.

Applicant Signature: _____ Date: _____

(B) To be completed by Designated School Official at current school

The above-named student intends to transfer to Salve Regina University for the semester stated. Please answer all questions based on the term immediately preceding the transfer or the last semester preceding a vacation or period of authorized practical training.

Is student currently attending the school s/he was last authorized by USCIS to attend? __YES ___NO

Student SEVIS ID #_____ SEVIS Transfer Release Date:_____
Please release SEVIS record to: **Salve Regina University BOS214F20107000**

Student began studying in this program on _____ and completed the program on _____

Student is currently enrolled full-time, and has been continuously enrolled since_____

Student did not complete the course of study. His/her last day of attendance was_____

Is the student maintaining valid F-1 status? ___YES ___NO

Please list all periods of authorized Practical Training (CPT or OPT) with beginning and ending dates. Specify whether curricular or optional: _____

Does the student have any outstanding financial obligation to the school? ___ YES ___ NO

PLEASE MAIL/FAX THIS FORM TO THE ADDRESS ABOVE ALONG WITH A *PHOTOCOPY OF THE STUDENT'S I-20*.

Name: _____ Title: _____
Institution:_____ Telephone: _____
Address: _____ E-mail: _____
Signature: _____ Date: _____