

International Student Transfer-In Form

The information below is required before your transfer to SIUE can be completed. "Transfer" applies to students who plan to transfer from a U.S. college, university or high school.

To be completed by STUDENT	
Last Name	First Name
Social Security Number	First Academic Term at SIUE
SEVIS ID	E-Mail
1. Do you plan to travel outside the U.S. before beginning your program at SIUE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give departure date: _____ 2. "I authorize my current/previous school to provide SIUE with the information below. It is my intention to transfer to SIUE." Signature: _____ Date: _____	

To be completed by the INTERNATIONAL STUDENT ADVISOR at the current/previous U.S. school	
1. Based on the records of this office, it appears that the above-named student: <input type="checkbox"/> is "maintaining status" <input type="checkbox"/> is/was "pursuing a full course of study" <input type="checkbox"/> is not <input type="checkbox"/> is not/was not	
2. The student's last date of attendance at this school is (or was): ____/____/____ under <input type="checkbox"/> F-1 status <input type="checkbox"/> J-1 status	
3. List all periods and reasons for Reduced Course Load the student was previously authorized for:	
4. List all periods of previously authorized employment the student engaged in Optional and/or Curricular Practical Training:	
5. Student's Transfer Release Date in SEVIS: ____/____/____.	
6. Student's SEVIS ID # _____.	
7. Remarks:	
School Official's Name	Title
Signature	Date
E-mail	Phone
School Name and Address	
SEVIS Code:	

Please mail or fax the completed form to:
 SIUE International Student Services
 Box 1616
 Edwardsville, IL 62026-1616
 Phone: (618) 650-3785 Fax: (618) 650-5099