

INTERNATIONAL ACADEMIC PROGRAMS

Box T – 0770, Stephenville, Texas 76402 Phone: 254.968.9632 Fax: 254.968.9618
iap@tarleton.edu

F-1 / J-1 STUDENT TRANSFER-IN FORM

The Immigration and Naturalization Service requires this office to have the following information in order to prepare your I-20 and process your transfer to Tarleton State University in Stephenville, Texas. Please complete the information in Section I and return this form to Office of International Academic Programs, TSU, Box T-770, Stephenville, TX 76402 or fax to 254.968.9618.

Section I (to be completed by the student)

Student's Name: _____
(please print) (Family Name) (First Name) (Middle Name)

Address in home country: _____

E-mail Address: _____

Date of birth: _____ (Month/day/year) Telephone: _____

Student status: _____ F-1 _____ J1

Semester intended to transfer: Fall _____ Spring _____ Summer _____ 20 _____

Requested release date: _____. This is the date that you want your International Advisor to release your records to TSU. The release date will terminate the student's ability to be employed on-campus at the present school.

Dates of OPT (if applicable): _____ to _____ Issuance of an I-20 from TSU will terminate the student's OPT. Please let us know the last day you plan on working in OPT: _____

(Student signature) (Today's date)

Section II (to be completed by International Student Advisor)

SEVIS ID #: _____ Transfer release date in SEVIS: _____ Is this student in status with INS? Yes _____ No _____ If no, please explain:

_____ This student is out of status and a reinstatement to student status was filed on _____ (date) at the INS office in _____, and is pending. Please enclose copies filed with INS.

_____ This student is in good standing and is enrolled in a full course of study.

_____ This student is in Optional Practical Training. Beginning date _____ Ending date _____

_____ This student transferred to you from another institution in the United States.

_____ This student is in an Intensive English Program and should show certificate to completion upon arrival.

_____ This student has been advised that a reinstatement will be required upon enrollment at the new school.

Is this student financially indebted to your institution? Yes _____ No _____

Date of initial entry OR change of status in U.S. to F-1/J-1 status: _____

Last date of attendance at your institution: _____

Comments: _____

Signature: _____ Name of DSO: _____

Date: _____ Title: _____

School name, address, and phone: _____