INTERNATIONAL STUDENT TRANSFER FORM

The INTERNATIONAL STUDENT TRANSFER FORM must be completed by international applicants who are applying to the University of Southern Indiana and attending another school in the U.S. This form is a necessary part of the application process. Please give this form to the foreign student advisor at the school you are currently enrolled. If you are not attending an institution at this time, this form should be completed by the foreign student advisor at the school you most recently attended.

TO BE COMPLETED BY APPLICANT:

Name ____________________________________________

Address __________________________________________________________________________

City/State/Zip Code __________________________________________________________________

Telephone __________________________________________________________________________

Signature __________________________________________________________________________

You should attach to this form photocopies of:

a. Your most recent 1-20 (front and back).

b. Your 1-94 (front and back). This is a small white card stapled in your passport.

c. The U.S. Visa page from your passport.

d. The identification page from your passport. This is the page with your photograph.

After you have completed the above spaces and attached items a-d, give the form and photocopies to your international student advisor.

TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR:

1. Is this student currently enrolled at your institution? __ Yes __ No

2. Is this student in F-1 status? __ Yes __ No
   (If No, list status ____________ )

3. Date student first began F-1 status: ___________ to ___________
   At what institution? __________________________________________________________________

4. Dates of full time enrollment at your institution (if different from above)
   ____________________________ to ___________ ________
5. Is this student in status with the Immigration and Naturalization Service?
   _____ Yes   _____ No   (If No, please explain) __________

6. Would this student be permitted to continue or return to your institution?
   _____ Yes   _____ No   (If No, please explain) __________

Additional comments:

Name________________________________________________________

Title_________________________________________________________

Institution____________________________________________________

Signature ________________________________ Date

Please Return to:

Graduate Studies
University of Southern Indiana
8600 University Boulevard
Robert D. Orr Center 1060
Evansville, IN 47712