

# International Student Transfer In Form



COMMONWEALTH UNIVERSITY OF PENNSYLVANIA

This form serves to transfer the SEVIS record of an international student who is currently studying in the United States *from* his/her current college/university/high school *to* Commonwealth University.

**To the International Student:** Please complete Section A of this form. Request the international student advisor/Designated School Official (DSO) at your current college/university/high school complete Section B. Sign and date the permission statement at the bottom.

**To the International Student Advisor/DSO:** The student named below has been admitted to Commonwealth University. Your assistance is appreciated in completing Section B and returning this form by fax or e-mail to the address/fax number listed at the bottom of this page.

**Commonwealth University, Bloomsburg SEVIS code:** PHI214F00895000  
**Commonwealth University, Lock Haven SEVIS code:** PHI214F00895001  
**Commonwealth University, Mansfield SEVIS code:** PHI214F00895002

## SECTION A: to be completed by the student:

**Please complete the information below and return it to the Center for Global Engagement:**

Last (surname): \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting term at CU: ☐ Fall ☐ Spring Year: \_\_\_\_\_ Major: \_\_\_\_\_

Campus to which you have been admitted: ☐ Bloomsburg ☐ Lock Haven ☐ Mansfield

## SECTION B: To be completed by the International Student Advisor/DSO:

SEVIS Release Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ SEVIS ID Number: \_\_\_\_\_

1. Student's nonimmigrant status? ☐ F1 ☐ J1

*If J-1 please provide the following information:*

School Program Number: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Length of time in the U.S. \_\_\_\_\_ Category listee in #4 on the DS-2019 form? \_\_\_\_\_

2. Is this student in good standing based on USCIS regulations? ☐ Yes ☐ No

3. If the student is not in good standing, has your office filed a reinstatement application? ☐ Yes ☐ No

4. In what term did/will the student complete study at your institution? (term) \_\_\_\_\_ / (year) \_\_\_\_\_

5. If your institution is a *public secondary school* (k-12/hs):

Date student first enrolled at your institution (MM/DD/(YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Date student last re-entered the US from travel abroad (MM/DD/(YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_



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*if applicable*

6. Please indicate any Curricular Practical Training (CPT) or Optional Practical Training (including STEM extension) (OPT) dates granted to this student: \_\_\_\_\_

7. Additional comments: \_\_\_\_\_

P/DSO Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Please note:** Commonwealth University will not be able to issue a new Form I-20 until after the transfer release date. Please communicate with your current Designated School Official (DSO) regarding release dates. Once the transfer release date has been reached, your current college/university/high school will no longer have access to your record.

**I permit the information requested to be forwarded to Commonwealth University.**

Student Signature: \_\_\_\_\_

Date: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_