



## F-1 TRANSFER-IN FORM

**INSTRUCTIONS:** Please complete Part 1 and then submit it to your international student advisor or designated school official at your current school to complete Part II of this form.

### **PART 1: To be completed by student.**

Name \_\_\_\_\_  
Last/Family First Middle

Today's Date: \_\_\_\_\_ SEVIS ID Number: \_\_\_\_\_

Country of citizenship (and Permanent Residence): \_\_\_\_\_

Semester you intend to transfer to Eastern Mennonite University: \_\_\_\_\_

Have you ever been accepted to Eastern Mennonite University?    ڻ Yes    ڻ No

If not, when did you apply \_\_\_\_\_

What "release date" have you and your school agreed upon for your records to be transferred to us? Release date: \_\_\_\_\_

Have you submitted your admissions application and been accepted to study at Eastern Mennonite University?

ڻ Yes    ڻ No

Do you intend to travel outside the U.S. before beginning your studies at Eastern Mennonite University?

ڻ Yes    Dates: From \_\_\_\_\_ To \_\_\_\_\_

ڻ No

If you answered yes above, will you need to apply for an F-1 visa to return to the U.S.?

ڻ Yes    ڻ No

**Part II: To be completed by the international student advisor or designated school official.**  
**Please complete and return to us with photocopies of student's Forms I-20 by mail or fax.**  
**For your information, Eastern Mennonite University code is WAS214F01046000.**

School name: \_\_\_\_\_

Address: \_\_\_\_\_

Program of study \_\_\_\_\_ Major: \_\_\_\_\_

Did the student maintain F-1 student status?    ڻ Yes                      ڻ No  
If not, why? \_\_\_\_\_

Did the student complete the program the I-20 was issued for?  
ڻ Yes              ڻ No              When? \_\_\_\_\_

If the student did not complete the program of study, please indicate the following:

1. Authorized Reduced Course Loads: Type and Dates:  
\_\_\_\_\_
2. Authorized Practical Training: Types and dates:  
\_\_\_\_\_

Dates of attendances: From \_\_\_\_\_ To \_\_\_\_\_

What "release date" have you and the student agreed upon for the SEVIS record to be transferred to us?    Release Date \_\_\_\_\_

Name of the International Student Advisor \_\_\_\_\_  
Please print

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Signature of International Student Advisor/DSO \_\_\_\_\_

Please return this form to:

**Dorca Kisare-Ressler**  
**Director of International Student Services**  
**Eastern Mennonite University**  
**1200 Park Road**  
**Harrisonburg VA, 22802**  
**Phone: 540 432-4459                      Fax: 540 432-4448**