

INTERNATIONAL STUDENT TRANSFER-IN FORM

Complete only if you will transfer to Converse University from another university, college, language school, or high school in the United States.

Section A. To be completed by the admitted student.

Family (Last) Name:	First Name (given name):		
Current U.S. Address: Email Address:			
Yes No			
If yes, when will you dep	eart, or when did you depart the U.S.?		
What is your anticipated arrival date to the U.S.?			
What is the expiration date on your F-1 visa?			
By signing below, I grant permit forwarded to Converse Univers	ission for the information provided on this form to be ity.		
Student Signature	Date (MM/DD/YYYY)		
Section B. To be completed by current institution (P/DSO):	y the International Student Advisors at the student's		
The F-1 Program School Code f	or Converse University is ATL214F01409000.		
SEVIS ID: Noo	Expiration Date of I-2/DS2020:		

SEVIS Record Transfer Release Date:			
Name and Address of Your Institution	1:		
P/DSO contact phone number and en	nail:		
Is/was the student pursuing a full cou	rse of study?)	
Degree/Major:			
Dates of attendance at your institution	n:to		
Is the student in status according to I	mmigration Regulations & eligib	le to transfer?	
Yes No			
If no, please explain:			
Has the student ever applied for Optic Practical Training (CPT)? Yes	g .	Curricular	
If yes, indicate all authorization	$_{ m n:}$ $\square_{ m CPT}$ $\square_{ m OPT}$	_ to	
	MM/DD/YYYY	MM/DD/YYYY	
Section C. Signature of International Student Advisor (P/DSO):			
P/DSO Signature	Name and Title (Please Print)	Date (MM/DD/YYYY)	

Please scan and return this form, along with copies of ALL forms-I-20/DS/2020, U.S. visa, Passport Information Page, Declaration of Finance, language test scores (TOEFL), NACES accredited evaluation, and Paper Form I-94 (front and back) OR Electronic Form I-94 (accessible from www.cbp.gov/I94) via email to the Office of Admissions at admissions@converse.edu.