



**TRANSFER IN INFORMATION FOR INTERNATIONAL STUDENTS**  
**(if in a U.S. school or college or university)**

If you are transferring from another institution in the United States and are currently holding an F-1 visa, you must fill out the top section of this form and have your current school DSO fill out the bottom section. This form is necessary to remain in status with your I 20.

\_\_\_\_\_  
Last Name    First Name    Middle Name

Name of current Institution: \_\_\_\_\_

US address while attending MGA: \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
City    State    Zip Code

I intend to transfer to Middle Georgia State University    \_\_\_\_ Fall    \_\_\_\_ Spring    Year \_\_\_\_

I would like my SEVIS record to be transferred on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

- Check the campus you will be attending:
- Macon GA** - ATL214F00164000
  - Cochran Ga** - ATL214F00164001
  - Eastman Ga** - ATL214F00164002
  - Warner Robins Ga** - ATL214F00164004
  - Dublin Ga** -ATL214F00164005

I authorize my current school to provide Middle Georgia State University with the information requested below.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This section is to be completed by a designated school official.**

This student is in status with USCIS and is eligible to transfer from this institution to another:    \_\_\_\_ Yes    \_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Student's SEVIS Number: \_\_\_\_\_

Student's Admission Number (I-94): \_\_\_\_\_

Name of Institution: \_\_\_\_\_

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

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
City    State    Zip Code

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_    Email: \_\_\_\_\_

Name of Designated School Official: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_