



**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 fill out the bottom section. This form is necessary to complete your enrollment at Middle Georgia State University. **Please print or type.**

\_\_\_\_\_

Last Name

First Name

Middle Name

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

Address of Transferring Institution: \_\_\_\_\_

City

State

Zip Code

I intend to transfer to Middle Georgia State University beginning in (Indicate term and year)  
\_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year: 20\_\_\_\_\_

SEVIS Number: \_\_\_\_\_

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

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

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

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

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

SEVIS Number: \_\_\_\_\_

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

Date of Student's Initial Entry to the U.S. in F-1 status: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(mmdyyyy)

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

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

City

State

Zip Code

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

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

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

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