



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: ____/____/____