

INTERNATIONAL STUDENT TRANSFER-IN FORM

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

Section A. To be completed by the admitted student. Last Name(surname): _____ First Name (given name): _____ Current U.S. Address: Email Address: Will you travel outside of the U.S. prior to attending the University of South Carolina Upstate? Yes \square No If yes, when will you depart, 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 permission for the information provided on this form to be forwarded to the University of South Carolina Upstate. Student Signature Date (MM/DD/YYYY)

Section B. To be completed by the International Student Advisors at the student's current institution (P/DSO):

University of South Carolina Upstate SEVIS ID: ATL214F01396000

Student SEVIS ID: Noo	Expiration Date of I-20	0/DS2020:
SEVIS Record Transfer Release Da	ate:	
Name of Your Institution:		
P/DSO contact phone number and	l email:	
Is/was the student pursuing a full	course of study? Yes N	1 0
Dates of attendance at your institu	ition:	_to
Is the student in status according to	to Immigration Regulations & elig	gible to transfer?
Yes No		
If no, please explain:		
Has the student ever applied for O	ptional Practical Training (OPT)	or Curricular
Practical Training (CPT)? Yes If yes, indicate all authorization:		_ to
Is the student in good standing and	d eligible to return to your institu	tion? Yes No
If no, please explain:		
Section C. Signature of Internation	onal Student Advisor (P/DSO):	
P/DSO Signature	Name and Title (Please Print)	Date (MM/DD/YYYY)

Please scan and return this form, along with a copy of your Visa, Passport, transcripts and TOEFL scores via email to Tara Bradley at Bradletg@uscupstate.edu