INTERNATIONAL STUDENTS

F-1 Transfer-In Form
All F-1 students transferring from another institution in the United States are required to submit this form with their application to be admitted to SJR State.

Part 1: To be completed by the student
1. Student’s Full Name ______________________________________________________________
2. Student ID # _________________________________________________________________
3. My first semester at SJR State will be: ☐ Spring ☐ Summer ☐ Fall Year: ____________
I intend to transfer to SJR State and give permission for the following information to be disclosed to SJR State.
Signature: ___________________________________________________________________________ Date: ______________

Part 2: To be completed by the International Student Advisor at your previous institution:
SEVIS ID Number: N_______________________________
Dates of attendance (mm/dd/yy): From ____________ To ____________
Expected SEVIS transfer release date (mm/dd/yy): ____________ (Do not release without proof of admission)
Level of study at your institution: ☐ Language ☐ Associate Other: ____________________
Has this student ever experienced financial difficulties while enrolled? ☐ Yes ☐ No  (if yes, please explain)
Did the student attend another U.S. institution before yours? ☐ Yes ☐ No
Is this student eligible to continue at your institution? ☐ Yes ☐ No
To the best of your knowledge, did this student comply with all USCIS regulations while enrolled at your institution? ☐ Yes ☐ No
(We do not accept students who are out of status).
Has this student had periods of practical training? ☐ Yes ☐ No OPT dates: __________ CPT dates: __________
Comments: ____________________________________________________________________________
____________________________________________________________________________________
Name of School: _______________________________________________________________________
____________________________________________________________________________________
Address: ______________________________________________________________________________
Phone: ___________________________ Fax: __________________________ Email: ___________________________
Designated School Official’s Name: ___________________________________________________________________________
DSO’s Signature ___________________________ Date __________________

Return Form:
Admissions and Records Office
5001 St. Johns Ave., Palatka, FL 32177

NON-DISCRIMINATION STATEMENT
St. Johns River State College does not discriminate against any employee, prospective employee, student, or student applicant in admission or access to, or treatment or employment in, its programs and activities on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, genetic information or disability. Questions regarding this statement or compliance with laws relating to non-discrimination may be directed to the Equity Officer, St. Johns River State College, 5001 St. Johns Avenue, Palatka, Florida, 32177; 386-312-4070.