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
(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
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