

**APPALACHIAN STATE UNIVERSITY  
OFFICE OF INTERNATIONAL EDUCATION AND DEVELOPMENT**

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**F-1 SEVIS TRANSFER FORM**

Print and sign your name below and give this form to the foreign student advisor of the school listed on your most recent I-20. If you are faxing or e-mailing this form type your name and your initials on the signature line. I grant permission for the information requested below to be released to Appalachian State University.

Print Name: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

The student named above has been admitted to Appalachian State University. As in accordance with federal F and J visa regulations, we request verification of the student's visa status at your institution before approving transfer to Appalachian State University.

Please complete the following and return to ASU via e-mail (must include your signature card), fax, or postal mail:

SEVIS ID#: \_\_\_\_\_ SEVIS Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completion Date on I-20: \_\_\_\_/\_\_\_\_/\_\_\_\_ I-94#: \_\_\_\_\_

1. Please check one of the following:

The student/scholar is in good standing with the Bureau of Citizenship and Immigration Services (BCIS)

The student/scholar is out of status with the BCIS and a reinstatement application has been filed on \_\_\_\_/\_\_\_\_/\_\_\_\_.

(Please include copies of reinstatement application with Transfer Form)

2. Is the student/scholar currently enrolled in your institution?    Yes    No

If no, when was date of last attendance? \_\_\_\_/\_\_\_\_/\_\_\_\_

Has this student had any academic or disciplinary problems at your school?    Yes    No

Has this student consistently met his/her financial obligations at your school?    Yes    No

3. Has the student/scholar participated in any practical training? Yes No

Dates:

Curricular: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Optional: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Other comments (optional):

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

Name of DSO: \_\_\_\_\_

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

DSO's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_