



## INTERNATIONAL STUDENT SEVIS TRANSFER FORM

### **PART (A)- To be completed by student.**

1. Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Family/Surname) (First) Month Day Year
2. Email: \_\_\_\_\_
3. Semester to Begin at IUP Fall / Spring / Summer \_\_\_\_\_ Year
4. Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_
5. Current U.S. Visa: \_\_\_\_\_ Gender: Male Female
6. Foreign Address: \_\_\_\_\_
7. U.S. Address: \_\_\_\_\_
8. Do you have plans to leave the U.S. prior to your first semester at IUP? YES NO
9. If yes, where should we mail your immigration document? Foreign Address U.S. Address
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART (B)-To be completed by the international student advisor at your current school.**

The above-named student intends to transfer to Indiana University of Pennsylvania for the semester stated. Please answer all question based on the terms immediately preceding the transfer or the last semester preceding a vacation or period of authorized practical training. If the student’s record is in complete or terminated status, please contact our office before releasing the SEVIS record. Email transfer form to: [intl-education@iup.edu](mailto:intl-education@iup.edu). Thank you.

1. Is the student currently authorized to attend your institution? \_\_\_ YES \_\_\_ NO
2. Student’s SEVIS I.D. # \_\_\_\_\_ Release Date: \_\_\_\_\_
- Please release SEVIS records for Indiana, PA campus to “Indiana University of Pennsylvania, School Codes: PHI214F10244000 and P-1-03733”. IUP Culinary School Code: PHI214F10244001; IUP Northpointe School Code: PHI214F10244002 and IUP Pittsburgh East School Code: PHI214F10244003**
3. Is the student considered to be pursuing a full-time course of study for each semester of attendance at your institution? If no, please explain in comments below. \_\_\_ YES \_\_\_ NO
4. What is the last date of attendance at your institution? \_\_\_\_\_.
5. Please list any periods of Practical Training and whether it was full time or part time:  
 Curricular \_\_\_\_\_ Optional \_\_\_\_\_
6. Does the student have an outstanding balance? \_\_\_ YES \_\_\_ NO Comments: \_\_\_\_\_

Name _____	Title: _____
Institution: _____	Telephone: _____
Address: _____	E-mail: _____
Signature: _____	Date: _____