## Virginia State University Dr. George H. Bennett Office for International Education Post Office Box 9086 Petersburg, Virginia 23806

## TRANSFER-IN FORM

This form is to be completed by any student who has been enrolled in an academic program in F-1 status during the *five months preceding the desired start date* at Virginia State University. Please ask your current International Student Advisor, DSO, to complete this form and return it to the Dr. George H. Bennett Office for International Education at Virginia State University. **IMPORTANT: A Form I-20 will not be issued by this institution until the Transfer-In Form is received.** 

Name of Student:(Last/ Family Name/ Surname)		(First/	Given Nam	<b>e</b> )		
·	p SS#					
TO BE COMPLETED BY THE INTERNATIONAL STUDENT A	ADVISOF	R AT CU	RRENT S	CHOOL	<u>:</u>	
Name of Institution				<u>—</u>		
Address						
SEVIS School Code:Student's release date in SEVIS						
Student's current visa status type:	ease exp	olain)				
I-94 Admission Number						
Dates of enrollment at your institution:	From _			To		
Student is currently in legal F-1:	Yes			No		
Student is eligible for F-1 transfer to Virginia State University:	Yes			No		
Student fulfilled financial obligations to your institution:		Yes			No	
If "no" to any of the above, please explain						
CPT, OPT, or other off-campus employment authorization (type	e of emp	oloymen	t and date	es)		
Did the student enter the U.S. with your I-20?		Yes			No	
If no, did the student transfer from another school or request a	status c	hange to	o F-1?			
Signature of International Student Advisor or Designated School Official					Date	
Printed Name and Title				_	Phone Number	

Please return to: Dr. George H. Bennett Office for International Education, Room 204 Trinkle Hall Virginia State University, P. O. Box 9086, Petersburg, Virginia 23806

Fax: (804) 524-5175 Phone: (804) 524-5928