



**F-1: TRANSFER-IN FORM**

**Directions:** If you are an F-1/J-1 student/scholar transferring from an institution in the United States to Jackson State University, you must have the International Student Advisor/Designated School Official (DSO) at your current institution complete this form and return it to the Division of International Programs at Jackson State University.

**PART 1: TO BE COMPLETED BY THE STUDENT**

Student's Printed Name (Last, First): \_\_\_\_\_

Date of Birth (M/D/YR): \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

First semester you plan to begin your studies at JSU:  FALL  SPRING  SUMMER Semester, \_\_\_\_\_ (year)

I will be pursuing the following degree while at JSU:  Bachelors,  Masters,  Ph.D.,  Other \_\_\_\_\_

*I authorize the International Student Advisor/DSO at my current institution to provide the information below:*

Student/Scholar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2: TO BE COMPLETED BY CURRENT DESIGNED SCHOOL OFFICIAL**

Student Immigration Status: \_\_\_\_\_ SEVIS ID Number: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Anticipated SEVIS release date: \_\_\_\_\_

Has the student maintained his/her non-immigrant status and has been pursuing a full course of study? Yes No

If not, please explain: \_\_\_\_\_

Dates the student has been authorizes for OPT or CPT

OPT	From	To
CPT	From	To

*I certify that the preceding information is correct to the best of my knowledge:*

\_\_\_\_\_  
*International Student Advisor/DSO (printed) DSO Signature Date*

Name of institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**JSU SEVIS school codes: F Program –NOL 214F00070000/ J-Program P-1-0550**