



Complete and return this form only after receiving official notice admission by e-mail from the Office of Admissions.

International students admitted and transferring to Florida State University must submit this form to the Center for Global Engagement before Florida State University can issue the appropriate I-20 or DS 2019 form.

Note: If you are currently in F-1 or J-1 status, you are considered a transfer for immigration purposes, even if you have just graduated from a degree program or an intensive English language school. Please ask an international student advisor at your current school/institution to complete this form, fax it to the number below and, if you are eligible, transfer your SEVIS record to FSU. Your FSU I-20 or DS-2019 cannot be produced until your SEVIS record is released to FSU and you have provided proof of adequate funds.

Please be informed of the following:

1. Your SEVIS record can be released and transferred to only ONE school/institution. If you have any questions about the SEVIS transfer process, it is best to discuss your concerns with the international student advisor at your current school.
2. All employment at the current school MUST CEASE upon official release of your SEVIS record to FSU. You may work only at the school that has responsibility for your SEVIS record. If you are approved for Optical Practical Training (OPT), your OPT cancels out on the release date of your SEVIS record to FSU.
3. You will be required to attend new international student orientation. For dates and registration:
<http://cge.fsu.edu/newstudents/orientation.cfm>

TO BE COMPLETED BY STUDENT:

Intended enrollment at FSU: Year ☐ Fall ☐ Spring ☐ Summer Summer Session *:

* Please refer to the Summer Academic Calendar, Main Campus Dates, for the correct session letter, at http://registrar.fsu.edu/dir_class/

Current Degree Program: ☐ Bachelor's ☐ Master's ☐ Doctoral Other

List Name (as written in passport)

Last Name First Name Middle Name

Phone E-mail

Date of Birth Country of Birth Country of Citizenship

Permanent Address (in home country)

City State/Province Country Zip Code

Current Address (in the U.S.)

City State/Province Country Zip Code

Please send my I-20 or DS 2019 to: ☐ Permanent address ☐ Current address ☐ Will pick up in Tallahassee

IMPORTANT: Do you intend to leave the U.S. before beginning your studies at FSU? ☐ Yes ☐ No

If yes, provide departure date:

By signing below, I authorize my current International Student Advisor to provide the information requested.

Signature Date



**TRANSFER IN FORM
PART II**
(To Be Completed by International Student Advisor)

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:

Student Information: Name Current visa status (F-1, J-1)

If J-1 holder: Category Subject to 2-year residence requirement? ☐ Yes ☐ No

SEVIS ID Number SEVIS Transfer Release Date

Note: Florida State University is listed in SEVIS as "The Florida State University." School code: MIA214F00074000. J-1 Program Number: P-I-01280

PLEASE CHECK AND COMPLETE ALL THAT APPLY

Academic Standing:

- ☐ This student is in good standing. The last day of the last session attended was:
- ☐ This student graduated (term/year):

History of Work Authorization:

Type of Training	Status	Degree Level	Dates of Training
<input type="checkbox"/> Optional Practical Training	<input type="radio"/> Pending <input type="radio"/> Approved <input type="radio"/> Completed	<input type="radio"/> Bachelor's <input type="radio"/> Master's <input type="radio"/> Doctoral	From <input type="text"/> To <input type="text"/>
<input type="checkbox"/> Curricular Practical Training	<input type="radio"/> Approved <input type="radio"/> Completed	<input type="radio"/> Bachelor's <input type="radio"/> Master's <input type="radio"/> Doctoral	From <input type="text"/> To <input type="text"/>
<input type="checkbox"/> Academic Training (J-1)	<input type="radio"/> Approved <input type="radio"/> Completed	Total Number of Months Approved <input type="text"/>	
<input type="checkbox"/> Other (explain)	<input type="text"/>		From <input type="text"/> To <input type="text"/>

History of Reduced Course Load Authorization:

- ☐ The student was granted reduced course load RCL authorization
- Reason for RCL Number of months RCL authorization
- Comments

Visa Status:

- ☐ The student has maintained visa status and is eligible for a SEVIS transfer to FSU.
- ☐ The student is out of status (explain):
- ☐ We are requesting reinstatement prior to the SEVIS transfer.

Other Remarks (e.g. SEVIS record, etc.)



THE FLORIDA STATE UNIVERSITY
Center for Global Engagement

TRANSFER IN FORM PART II

(To Be Completed by International Student Advisor)

Institution Name	<input type="text"/>		
Institution Address	<input type="text"/>		
DSO or Responsible Officer Name	<input type="text"/>	Title	<input type="text"/>
DSO or Responsible Officer Signature	<input type="text"/>		
Phone Number	<input type="text"/>	E-mail Address	<input type="text"/>