INTERNATIONAL STUDENT TRANSFER-IN FORM

Complete only if you will transfer to the University of South Carolina Upstate from another university, college, language school, or high school in the United States.

Section A. To be completed by the admitted student

Last Name(surname): _____ First Name (given name): _____

Current U.S. Address: _____

_____

Will you travel outside of the U.S. prior to attending the University of South Carolina Upstate?

☐ **Yes**   ☐ **No**

If yes, when will you depart, or when did you depart the U.S.? _____

What is your anticipated arrival date to the U.S.? _____

What is the expiration date on your F-1 visa? _____

By signing below, I grant permission for the information provided on this form to be forwarded to the University of South Carolina Upstate.

_____   _____

Student Signature   Date (MM/DD/YYYY)

Section B. To be completed by the International Student Advisors at the student's current institution (P/DSO):

University of South Carolina Upstate SEVIS ID: ATL214F01396000

Student SEVIS ID: N00_____ Expiration Date of I-20/DS2020: _____

SEVIS Record Transfer Release Date: _____

Name of Your Institution: _____

P/DSO contact phone number and email: _____

Is/was the student pursuing a full course of study? ☐ **Yes** ☐ **No**

Dates of attendance at your institution: _____ to _____

Is the student in status according to Immigration Regulations & eligible to transfer?

☐ **Yes** ☐ **No**

    If no, please explain: _____

Has the student ever applied for Optional Practical Training (OPT)
or Curricular Practical Training (CPT)? ☐ **Yes** ☐ **No**

    If yes, indicate all authorization: ☐ **CPT** ☐ **OPT** _____to_____
                                                     MM/DD/YYYY   MM/DD/YYYY

Is the student in good standing and eligible to return to your institution? ☐ **Yes** ☐ **No**

If no, please explain: _____
_____
_____
_____
_____
_____

Section C. Signature of International Student Advisor (P/DSO):

_____   _____   _____

Student Signature   Name and Title (Please Print)   Date (MM/DD/YYYY)

Please scan and return this form to Tara Bradley at Bradletg@uscupstate.edu