

EASTERN MICHIGAN UNIVERSITY INTERNATIONAL SEVIS TRANSFER-IN FORM

This Transfer-In form must be completed before we can issue an Eastern Michigan University I-20

INTERNATIONAL STUDENT INSTRUCTIONS:

- Student must complete Section A of this form
- Section B must be completed by your current International Student Advisor

NOTE: You must provide your current university with a copy of your admission letter from Eastern Michigan University. Your EMU I-20 can be issued when your present institution has released your SEVIS record to EMU.

SECTION A – TO BE COMPLETED BY THE STUDENT

Last Name (as on passport)		First and Middle Names and Initials (as on passport)	
Date of Birth:	Email:	Phone number:	
Current Mailing Address:			
City:	State:	Zip Code:	
Semester and Year you will attend EMU:	Fall <input type="checkbox"/>	Winter <input type="checkbox"/>	Summer <input type="checkbox"/> Year: 20____
Do you have any dependents (F2) that will accompany you to EMU Yes <input type="checkbox"/> No <input type="checkbox"/> How many?			

I authorize the information requested below, along with my SEVIS record to be released to Eastern Michigan University.

Student Signature: _____ Date _____

SECTION B – TO BE COMPLETED BY THE CURRENT INSTITUTION'S INTERNATIONAL ADVISOR

The above student has requested transfer to Eastern Michigan University (EMU). Our school Program Code is: DET214F00310000. Please complete Section B and return this form via email to international.admissions@emich.edu

Student must be: Fully admitted (with admission letter) and In-status and eligible for SEVIS release

NOTE: Students seeking reinstatement or whose record has been terminated or completed are NOT eligible for SEVIS transfer

SEVIS Number: N	SEVIS Release Date:
Current Program/Level of Education:	Date of Program Completion:
What date did the student last complete study at your institution? Month: _____ Year: _____	
To the best of my knowledge, the student is in valid F1 immigration status: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student would be authorized to enroll in your next available semester? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any authorized Reduced Course Load: <input type="checkbox"/> Academic <input type="checkbox"/> Medical (how many)? <input type="checkbox"/> Last Semester	
Please indicate any CPT/OPT dates granted to this student: <input type="checkbox"/> CPT Start Date: _____ End Date: _____ <input type="checkbox"/> OPT Start Date: _____ End Date: _____	
Institution Name	Phone:
DSO Name:	Email:
DSO Signature:	Date: