Transfer Form for International Student

The International Student Office requires the following information in order to prepare your I-20 and process your transfer to Texas A&M University-Commerce. Student completes the information in Section I and submits this form to the International Student Advisor at your current school to complete Section II.

Section I (to be completed by student)

Applicant's name: ______________________________________________________________________
(Print)                   (Family name)                    (First name)                     (Middle name)

Admission Number (I-94#) _________________________________

SEVIS I.D. Number (# above bar code on I-20) _____________________

Birth date: ___/ ___/ ___ Social Security number ___________________ Citizen of: ___________________

Semester intended to transfer:      Fall ________ Spring ________ Summer ________ Year_______

***I hereby authorize my current International Student Advisor (or equivalent campus officer) to provide the information below as part of my application for admission to Texas A&M University-Commerce.

Date: ____________________ Student’s signature: _________________________________________

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Section II (to be completed by International Student Advisor) Please return this form to the letterhead address or fax to 903 468 3200.

_____ This student is in good standing and is enrolled in a full course of study.

_____ This student is out of status and a reinstatement to student status was filed on (date) ________
at the INS office in _______________, and is pending. Please enclose copies filed with INS.

_____ This student is out of status and must file for reinstatement to student status.

_____ This student is on or has applied for OPT. Beginning date _______   Ending date ______

_____ This student transferred to you from another institution in the US______________________________

_____ This student is in an Intensive English Program and should show certificate of completion upon arrival

Student’s last date of attendance at your school: ___________________ SEVIS Release Date: __________

Other comments: __________________________________________________________________________

Signature of DSO: ____________________________ Date: __________________________

Name of DSO (Print): ____________________________ Title: __________________________

School name, address, phone, and FAX: ______________________________________________________

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