

# F-1 TRANSFER IN

This Transfer-In form must be completed before we can issue you an Andrews University I-20.

**INTERNATIONAL STUDENT:**

Please complete Section A of this form, then the international student advisor (DSO) at your current institution **must** complete Section B. You **must** also provide your current institution with a copy of the letter of admission from Andrews University (AU). Your AU Form I-20 cannot be issued until your current institution has released your SEVIS record to AU.

**SECTION A:**

**THIS SECTION TO BE COMPLETED BY THE STUDENT:**

Last Name:	First Name:	Middle Name:
DOB: (mm/dd/yy) ___/___/___	Email:	Phone:
Current Mailing Address:		
City:	State:	Zip Code:
Semester and Year you will begin study at AU:      Fall                  Spring                  Summer                  Year: _____		
Do you have any dependents (F-2) who will accompany you to AU?                  Yes                  No		

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**INTERNATIONAL STUDENT ADVISOR:**

The student named above has requested transfer to Andrews University (AU). Your assistance is appreciated in completing Section B below and returning this form by fax or email [269-471-6388/iss@andrews.edu](mailto:269-471-6388/iss@andrews.edu). The AU School Code is: **DET214F00311000**.

**SECTION B:**

**THIS SECTION TO BE COMPLETED BY THE CURRENT INSTITUTION'S INTERNATIONAL ADVISOR:**

SEVIS Release Date:	SEVIS ID: N
Student's nonimmigrant status?                  F-1                  Other	
To the best of my knowledge, the student is in valid immigrant status.	Yes                  No
What date did the student last completed study at your institution?	Month:                  Year:
Current program/level:	
Any authorized Reduced Course Load:                  Academic                  Last Semester                  Medical	
Institution Name:	DSO/ARO Name:
Phone:	Email:

\_\_\_\_\_  
DSO / PDSO Signature

\_\_\_\_\_  
Date

**OFFICE OF INTERNATIONAL STUDENT SERVICES AND PROGRAMS, ANDREWS UNIVERSITY**