Jackson State University
JSU GLOBAL
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Transfer-In Form for International Students

Directions: If you are an F-1/J-1 student/scholar transferring from an institution in the United States to Jackson State University, you must have the International Student Advisor/Designated School Official (DSO) at your current institution complete this form and return it to the Division of International Studies at Jackson State University.

PART 1: To be completed by the student

Student’s Printed Name (Last, First): ________________________________

Date of Birth (M/D/YR): ______________ Country of Birth: ______________ Citizenship: ______________

First semester you plan to begin your studies at JSU: □ FALL, □ SPRING, □ SUMMER Semester, _____________ (year)

I will be pursuing the following degree while at JSU: □ Bachelors, □ Masters, □ Ph.D., □ ESL, □ Other ______________

I authorize the International Student Advisor, P/DSO, A/RO at my current institution to provide the information below:

Student/Scholar Signature: __________________________ Date: ____________

PART 2: To be completed by your current Designated School Official/International Student Advisor:

Student’s Current Immigration Status: __________________________ SEVIS ID Number: __________________________

Dates of attendance: __________________________ Anticipated SEVIS release date: __________________________

Has the student maintained his/her non-immigrant status and has been pursuing a full course of study? Yes □ No □

If not, please explain: _____________________________________________________________________________________________

_________________________________________________________________________________________________________________

Dates the student has been authorized for □ OPT □ CPT □ AT: __________________________

□ OPT □ CPT □ AT: __________________________

□ Academic Training □ AT: __________________________

I certify that the preceding information is correct to the best of my knowledge:

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

International Student Advisor, P/DSO, A/RO (printed) P/DSO, A/RO Signature Date

Name of Institution: __________________________

Address: __________________________

City: __________________________ State: __________________________ Zip Code: __________________________

Telephone Number: __________________________ Fax: __________________________ Email: __________________________

When ready, please release the student record to Jackson State University.
JSU SEVIS school codes: F Program – NOL214F00070000/ J-Program P-1-05502

FOR INTERNAL USE ONLY
☐ Graduate School __________ ☐ Undergraduate Admissions __________ ☐ ESL __________