F-1: TRANSFER-IN FORM

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 Programs 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., ☐ Other ______________

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

Student/Scholar Signature: ________________________________ Date: __________________

PART 2: TO BE COMPLETED BY CURRENT DESIGNATED SCHOOL OFFICIAL

Student 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 authorizes for OPT or CPT

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

International Student Advisor/DSO (printed) DSO Signature Date

Name of institution: ________________________________

Address: _________________________________________

City: ___________________ State: ___________ Zip Code: ___________

Telephone Number: ___________ Fax: ___________ Email: ___________

JSU SEVIS school codes: F Program –NOL 214F00070000/ J-Program P-1-0550

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