INTERNATIONAL STUDENT TRANSFER-IN FORM

Complete only if you will transfer to the University of South Carolina Upstate from another university, college, language school, or high school in the United States.

Section A. To be completed by the admitted student.

Last Name(surname): _____________ First Name (given name): _____________
Current U.S. Address: ________________________________________________
____________________________________________________________
Email Address: _________________________________________________

Will you travel outside of the U.S. prior to attending the University of South Carolina Upstate? □ Yes □ No
   If yes, when will you depart, or when did you depart the U.S.? _______________
   What is your anticipated arrival date to the U.S.? _______________________
   What is the expiration date on your F-1 visa? _________________________

By signing below, I grant permission for the information provided on this form to be forwarded to the University of South Carolina Upstate.

_________________________________________ ____________________________
Student Signature Date (MM/DD/YYYY)
**Section B.** To be completed by the International Student Advisors at the student’s current institution (P/DSO):

University of South Carolina Upstate SEVIS ID: ATL214F01396000

Student SEVIS ID: N00__________ Expiration Date of I-20/DS2020: ______

SEVIS Record Transfer Release Date: ________________________________

Name of Your Institution: ___________________________________________

P/DSO contact phone number and email: _______________________________

Is/was the student pursuing a full course of study? Yes ☐ No ☐

Dates of attendance at your institution: _____________________________ to __________________

Is the student in status according to Immigration Regulations & eligible to transfer? Yes ☐ No ☐

If no, please explain: ________________________________________________

Has the student ever applied for Optional Practical Training (OPT) or Curricular Practical Training (CPT)? Yes ☐ No ☐

If yes, indicate all authorization: ☐ CPT ☐ OPT ___________ to ___________

Is the student in good standing and eligible to return to your institution? Yes ☐ No ☐

If no, please explain: ________________________________________________

Please scan and return this form, along with a copy of your Visa, Passport, transcripts and TOEFL scores via email to Tara Bradley at Bradletg@uscupstate.edu

**Section C.** Signature of International Student Advisor (P/DSO):

______________________________________________________________

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