SAGINAW VALLEY STATE UNIVERSITY TRANSFER IN FORM

This form is required of all international students who are applying for transfer to Saginaw Valley State University from a school in the U.S.

SECTION A: TO BE COMPLETED BY THE STUDENT

Country of Citizenship

Last Name______Middle Name______

SEVIS ID Number_____Date_____Date_____

Phone Number

SECTION B: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

Please complete this form and send it to the SVSU Office of International Programs: Email: intlstu@svsu.edu | Fax: 989-964-6066

SVSU SEVIS CODE: DET214F00627000

VISA	INF	ORN	ЛЛ	TI	ON	•
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Visa Type	F-1 Visa	J-1 Visa			
Date of Initial Entry in	to U.S.				
SEVIS ID Number			Earliest Transfer Release Date		
J-1 Program Number			J-1 Sponsor		
Was the student authorized by the USCIS to attend your school?		Yes	No		
If No, please explain:					
Is the student currently	in status?		Yes	No	
If No, please explain:					

ACADEMIC INFORMATION:

Dates of attendance at your institution: Start Date:		End Date:		
Was the student ever under scholastic probation?	Yes	No		
Has disciplinary action ever been taken against the student?	Yes	No		
Is the student academically eligible to continue at your institution?	Yes	No		
Has the student met all financial commitments at your institution?	Yes	No		

INSTITUTION AND ADVISOR INFORMATION:

Name of Institution	School SEVIS Code	
Address of Institution		
Name of International Student Advisor		
Phone Number	Email Address	
Signature	Date	