



Indiana State
University

More. From day one.

Office of International Programs
and Services

Terre Haute, Indiana 47809
812-237-2440
Fax: 812-237-3602
isu-ips@indstate.edu
www.indstate.edu/ips

IMMIGRATION TRANSFER

(ie, the "transfer" of your immigration file to the Immigration office having jurisdiction over ISU. This does not necessarily have any connection to an academic transfer.)

Dear Applicant to Indiana State University:

It is your responsibility to advise the International Service Office at your current school of your intent to transfer to ISU. This may be done by taking this letter with the form on the reverse side to your International Student Advisor.

Processing the transfer of your immigration file can be done in two ways:

(1) If you are leaving the United States prior to enrollment at ISU, present the ISU I-20 for re-entry once it has been issued to you. If you need a new visa, present your ISU I-20. Do not use your former school's I-20.

According to immigration regulations [8 CFR 214. (f) (4) (ii)] the name of the new school (ISU in this case) does not have to be indicated on your visa to allow you re-entry to the US.

(2) If you are coming to ISU without leaving the United States, bring to the Office of International Programs and Services your passport and I-94 card as soon as you arrive on campus. (If you have dependents you should bring their passports and I-94 cards)

To issue your I-20 form we must have:

- Your SEVIS record released to Indiana State University.
- The Transfer Form (on reverse) completed by your International Student Advisor.
- Required financial documents.

**THE STUDENT MUST PRESENT THE TRANSFER SEVIS I-20 TO THE RECEIVING SCHOOL'S DSO
"WITHIN 15 DAYS OF THE PROGRAM START DATE LISTED ON FORM I-20."**

If you have any questions about your immigration transfer to ISU, please contact us at (812) 237-2440.

TRANSFER TO ISU FORM

Please complete SECTION I and have your current International Student Advisor complete SECTION II.

The completed form should be returned by mail or fax to:

Office of International Programs and Services
Rhoads Hall Mezzanine
Terre Haute, IN 47809
Fax: (812) 237-3602

SECTION I (to be completed by the applicant)	
Student name _____	Date of Birth: ___/___/___
Country of Citizenship: _____	ID # _____-_____-_____
Phone Number: () _____	E-mail: _____
I hereby grant permission for the Designated School Official at the school I am currently authorized to attend, to release information regarding my enrollment at that institution	
Student signature: _____	Date: ___/___/___

*****SEND/GIVE TO YOUR CURRENT INTERNATIONAL STUDENT ADVISOR*****

SECTION II (to be completed by the Designated School Official)	
Dates of the student's last attendance: ___/___/___ to ___/___/___ Type of visa: F-1____, J-1____, other_____	
Date of expiration of I-20 _____; of DS-2019 _____; other _____ I-94 number: _____	
SEVIS ID: _____	Release date: _____
The student is ___/ or is not ___ in status. If not in status, was an application for reinstatement made? Yes___ No___	
Has the student shown any financial difficulties? Yes ___ No ___	
Has the student completed any authorized period(s) of Practical Training? Yes___ No ___	
Dates of Practical Training ___/___/___ to ___/___/___ Type: _____	
Name of Institution _____	Address of Institution _____
Phone #: _____	
Fax #: _____	_____
Name and title of DSO signing this document	
Signature of DSO _____	Date ___/___/___