**INDIANA UNIVERSITY OF PENNSYLVANIA**

# INTERNATIONAL TRANSFER STUDENTS

## INTERNATIONAL TRANSFER STUDENTS

- Student complete Part A
- Send Copies of all I-20's OR DS-2019's
- Request current Foreign Student Advisor to complete Part B and return to IUP
  **SCHOOL CODE: PHI214F10244000 and P-1-03733**

## PART A –STUDENT

Full name: _____ Date of Birth: _____/_____/_____
(Family/Surname) (First) Month Day Year

Country of Birth: _____ Country of Citizenship: _____

Current U.S. Visa: F-1 J-1 Other (specify) _____ Gender: Male Female

Foreign Address: _____

Signature: _____ Date: _____ Email:_____

## PART B – FSA REPORT

- First date of attendance _____
- SEVIS # _____
- Transfer out date on SEVIS _____

F-1 Student

- CPT YES NO Time period _____
- OPT YES NO Time period _____

J-1 Student

- Academic Training YES NO Time period _____

According to your records, is the student currently in legal status YES NO

Comments: _____
_____
_____

Name and Title: _____
Address: _____
Phone #: _____
Fax #: _____
Email: _____

Signature: _____
Date: _____

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