

**Instructions to the Student:**

1. Please send us copies of your Form I-20 (F1 visa) or Form DS-2019 and Form I-94 (J-1 visa).
2. If you did not maintain full-time status in the semester immediately preceding the transfer or preceding authorized vacation period, you must be reinstated before transferring.
3. Upon arrival, please contact International Students and Scholars to complete the transfer process.
4. Inform your International Student Advisor of your intent to transfer to Eastern Illinois University.

**SECTION A: TO BE COMPLETED BY THE STUDENT**

Family (Last) Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Program (Major) of Study \_\_\_\_\_ EIU E-Number \_\_\_\_\_ SEVIS ID # (Upper Left Corner of I-20) \_\_\_\_\_

Email Address \_\_\_\_\_ US Phone Number \_\_\_\_\_

Name of current or last institution:  
\_\_\_\_\_

Address of current or last institution (Street, City, State, Zip Code)  
\_\_\_\_\_

Are (were) you authorized to attend that school? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received any scholarship, assistantship, or other type of financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Have you experienced any difficulties in meeting educational expenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Have you always maintained immigration status as a full-time student? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please explain: \_\_\_\_\_

I authorize \_\_\_\_\_ (Designated School Official) to release any information about my financial situation and immigration status. I certify that the above information is correct.

Signature: \_\_\_\_\_

Date of Signature (Month/Day/Year): \_\_\_\_\_



International Student  
Transfer In Form

**SECTION B: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR**

The United States Citizenship and Immigration Services (USCIS) requires that we verify full-time status at your institution before a transfer to Eastern Illinois University can be processed. If the applicant is (was) enrolled for less than a full course of study for valid immigration purposes, please verify as full-time and explain under "Additional Comments".

Visa Type: \_\_\_\_\_ SEVIS Release Date (Month/Day/Year): \_\_\_\_\_

Yes / No (Please check the appropriate response)

\_\_\_\_\_ The student has maintained immigration status and has been enrolled in a full course of study/was reinstated. (If the student needs to apply for reinstatement, please explain under "Additional Comments")

\_\_\_\_\_ Has the student ever been granted a tuition and/or fee deferment? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_ Is the student expected to complete the course of study prior to transfer? Expected graduation date:

\_\_\_\_\_

\_\_\_\_\_ The student will not complete the course of study prior to transfer.

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Is the student currently engaged in OPT or CPT? End Date: \_\_\_\_\_

*Additional Comments:*

**Advisor's Print Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Name of Institution** \_\_\_\_\_

**Address of Institution** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For OISS use only:*

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_