1. Name as it appears in SEVIS:

Signature:

## TRANSFER IN FORM

TO THE APPLICANT: All F-1 international students transferring from U.S. SEVIS-approved institutions to BJU must submit this form. Please supply the student information below and give this form to the appropriate official at your present institution for completion. Your signature indicates that you are giving official permission, usually to the International Student Advisor, to answer the questions below. Your new I-20 from Bob Jones University or Academy cannot be issued without this form.

I grant permission for the information requested below to be released to the Admissions Office at BJU. PLEASE PRINT Social Security Number First Date

TO THE INTERNATIONAL STUDENT ADVISOR: The above-named student has been accepted for admission to Bob Jones University or Academy. We request confirmation of his or her status at your institution before approving transfer to this school. Please check or complete the items listed below and return this form and a copy of the student's I-20 to the Admissions Department, Bob Jones University, Greenville, SC, 29614 or fax the forms to (864) 770-1323.

Family/Last

Middle

First

2.	SEVIS ID #:
3.	Current Immigration Status
	Completion Date on I-20 Date on I-94
	The student is in good standing and is/has been pursuing a full course of study
	(or has already been reinstated to status by the CIS).
	The student is out of status and a reinstatement to student status was filed on
	at CIS (District:) and is pending. (Please
	enclose copies of documents filed with CIS.)
	The student is out of status, and we will advise him/her to apply for reinstatement upon
	receipt of a new I-20 from Bob Jones University.
	Other:
4.	Date of last attendance at your school
5.	Please indicate the dates of any practical training (curricular, optional) in which the student has participated:
	Curricular Optional
6.	ransfer to Bob Jones University will be effective on (mm/dd/yyyy) in SEVIS.
Na	e and Title of Designated School Official Completing This Form Signature
Na	e of Institution Date
Ad	ess Telephone Number