

The University of Akron
School Code: CLE214F00500000

Transfer-In Form

(For international students accepted to UA and transferring their I-20 from current U.S. Institution to UA)

SECTION 1. Personal Information *(To be completed by the student)*

Name (Last, First, Middle) _____

Date of Birth (MM/DD/YYYY) _____

UA ID# (if known) _____

Your Current Mailing Address _____

Local Phone Number _____

E-mail Address _____

School you are now attending or the one most recently attended _____

Do you intent to leave the U.S. prior to attending the University of Akron? (Yes/No) _____

Authorization: ***I authorize my current international advisor to verify the above information and provide the information requested in Part 2***

Student Signature

SECTION 2. Advisor's Report *(to be completed by the international student advisor)*

1. SEVIS ID#: _____

2. The release date for transfer out: _____

3. Last semester of enrollment at your institution: _____ Full-time? Yes No

If "NO", please explain: _____

4. Please mark the appropriate box:

- The student is in good standing and pursuing a full course of study, eligible for transfer
- The student is on the post-completion Optional Practical Training
- The student is out of status, application for reinstatement was filed on _____ and is pending
- The student is out of status, application for reinstatement has not been filed
- Other: _____

5. Employment/Training

The student has participated in the Curricular Practical Training:

Program _____ Beginning date _____ Ending date _____

The student has participated in the Optional Practical Training:

Program _____ Beginning date _____ Ending date _____

6. Additional Comments:

DSO's Signature	Name & Title	Date
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University Name	Address
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Phone Number	E-mail address
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Thank you!

Please email the completed form to immigration@uakron.edu

International Student Advisor
The International Center
The University of Akron
Akron, OH 44325-4724
immigration@uakron.edu