

UAFS ID: _____
SEVIS ID: N _____

F-1 International Student Transfer In Form

Dear Prospective Student,

To complete your transfer application to UAFS and issue you the SEVIS I-20 form, we must have an F-1 International Student Transfer-In form completed by your Designated School Official (DSO) at your current institution. Your signature authorizes the following information to be released to UAFS:

Student's Last Name First Name Middle Name

Date of Birth (mm/dd/yyyy) Country of Citizenship

Student's Email Student's Signature Date

Designated School Official (DSO): Please answer the following questions about the student named above.

Return form to:

Office of International Relations
University of Arkansas – Fort Smith
5210 Grand Avenue
Fort Smith, AR 72913-3649

Phone: (479) 788-7267
Fax: (479) 424-6977

1. Type of visa: _____ 2. Dates of enrollment: from _____ to _____
3. Program of study: _____ 4. Estimated date of completion: _____
5. Is the student currently in legal status with immigration? yes no
6. Can the student return to your institution: yes no
7. Off-campus employment authorization: yes no
If yes, what kind and dates? _____
8. Previous authorization for reduced course load: yes no
If yes, what kind and dates? _____
9. Other comments: _____

A letter of acceptance will be submitted by a UAFS DSO AFTER this form is received and approved.

Name of Institution

Country of Citizenship

Name of School Official (*Please Print*)

Signature

Telephone

Fax

Email