

F-1 International Student Transfer In Form

Part I. to be completed by student: This form must be completed by you and the Designated School Official (DSO) at your current institution. Your signature in Part I authorizes the following information to be released to UAFS.

Last Name	First Name	Middle Name
Date of Birth (mm/dd/yyyy)	Country of Citizenship	SEVIS ID
Email	Phone	UAFS ID

Will you travel outside the U.S prior to enrollment at UAFS? Yes No

If yes, when will you depart? _____ When will you return? _____

Signature	Date
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Part II. To be completed by Designated School Official (DSO): Please answer the following questions about the student named above and return the completed form to:

Office of International Relations
 University of Arkansas – Fort Smith
 5210 Grand Avenue
 Fort Smith, AR 72913-3649
 Email: International@uafs.edu Phone: 479-788-7267 Fax: 479-424-6977

UAFS Campus Code: NOL214F10253000 Student's SEVIS Record Release Date: _____

1. Type of visa: _____ 2. Dates of enrollment: from _____ to _____
3. Program of study: _____ 4. Estimated date of completion: _____
5. Is the student in good standing at your institution? Yes No
6. Has the student maintained his/her legal status with immigration? Yes No
7. Can the student return to your institution? Yes No
8. Does the student have off-campus employment authorization? Yes No
- If yes, type and period? _____
9. Was the student granted authorization for reduced course load? Yes No
- If yes, reason and authorization period? _____
10. Other comments: _____

Institution Name & Address _____

Name of Designated School Official	Email & Phone
Signature	Date