



## INTERNATIONAL STUDENT TRANSFER IN FORM

### OFFICE OF INTERNATIONAL AFFAIRS

**INSTRUCTIONS TO STUDENT:**

International students currently in the US must request that their SEVIS record be released by their current educational institution. Please sign this release of information form and have your International Student Advisor at your current institution complete the form and send it back to Arcadia University.

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

Name of Current Educational Institution: \_\_\_\_\_

I intend to transfer from the educational institution above and grant permission for the information requested on the following page to be released to Arcadia University.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS TO PDSO or DSO:**

The student whose name appears above has qualified academically for admission to Arcadia University (SEVIS School Code PHI214F00282000). In compliance with government regulations, effective May 22, 1987, we request confirmation of the student's immigration status at your institution before approving transfer to Arcadia University.

Please complete the following page and fax it along with a copy of the I-20 or DS-2019 and I-94 card per my attention to (215) 517-2399. Thank you for your assistance. If you have any questions, please feel free to contact me.

Sincerely,

Meredith Mashner  
Assistant Director, Office of International Affairs  
Arcadia University  
450 South Easton Road  
Glenside, PA 19038  
Tel: 267.620.4843  
Email: mashnerm@arcadia.edu

**TO BE COMPLETED BY THE DSO:**

PLEASE COMPLETE THE FORM BELOW AND ATTACH A COPY OF THE STUDENT'S I-20 OR DS-2019 AND I-94 CARD.

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

This student has been entered into SEVIS with the SEVIS # \_\_\_\_\_.

The student's program end date on the \_\_\_ I-20 or \_\_\_ DS-2019 is \_\_\_\_\_.

Exchange Visitor Program # \_\_\_\_\_ Category \_\_\_\_\_

I-94 Number \_\_\_\_\_ SEVIS Transfer Release Date \_\_\_\_\_

\_\_\_ The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status).

\_\_\_ The student is out of status and a reinstatement was filed on \_\_\_\_\_ at USCIS District \_\_\_\_\_ and is pending. (Please enclose copies of documents filed).

\_\_\_ The student is out of status and will be advised to apply for reinstatement upon receipt of a new I-20AB from Arcadia University.

Dates of any practical training in which the student has participated:

Curricular \_\_\_\_\_ Optional \_\_\_\_\_ J-1 Academic \_\_\_\_\_

**I certify that the information provided is true to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title of DSO

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email