

F-1 Transfer-In Form

STUDENT SECTION: Please complete this section of the form if you are the student. **Submit a** copy of your current passport, visa, I-94 printout and I-20.

LAST Name:	First Name:	
Phone:	Email:	
Transfer Release Date:		
Travel plans between the last especially travel outside the U	day study at your current university and J.S., including dates.	your UNCP start date,
CURRENT SPONSOR SEC	CTION: PDSO/DSO at your current sch	ool, please complete.
Name:	Email:	
Phone:		
Is student currently maintaining If not, please explain:	ng lawful F-1 status under regulations? _	YES NO
Is/ was the student pursuing a If not, please explain:	full course of study? YES	NO
Start and end dates of attendar	nce at your institution:	(mm/dd/yyy)
If currently enrolled, when wi	ll he/she complete the program/session?	
Please list any periods of Curr (OPT)	riculum Practical Training (CPT) and Op	ptional Practical Training
Please comment on any acade help us advise this student:	emic, financial, or other issues we should	l be aware of, or that would
PDSO/DSO signature	 Date	