

## To be completed by Student

F-1 students who have been attending a school in the U.S. and wish to transfer to IU South Bend must complete this form. Please complete the top portion of this form and have the bottom portion completed by the International Student Advisor at the school you currently attend or the school you most recently attended. Your transfer will not be finalized until this form is received.

Please note: If your financial documents on file are more than one year old, you must submit an updated financial statement and affidavit.

LA	AST NAME	FIRST NAME (as it appears in passport)			IUSB I	D#
Ni	on-IUSB E-MAIL		PHONE			
14	ON 103B E WATE		THONE			
LC	OCAL ADDRESS					
CI	ITY	ZIP CODE				
	By signing this form, I grant permission for the information requested below to be forwarded to Indiana University South Bend.					
<u></u>	NATURE DATE					
	TOWATORE			DATE		
To b	o completed by Interna	tional Student Ad	lvicor/Doci	ignated C	chool Official	
To be completed by International Student Advisor/Designated School Official  The F-1 student named above has been admitted to Indiana University South Bend. Please complete the bottom portion						
and return it to the Office of International Student Services (see address and fax number below).						
	Indiana University South Bend SEVIS School Code: CHI214F10103002					
IS	S THIS STUDENT ELIGIBLE TO CONTINUE	AT YOUR INSTITUTION?		☐ YES	□ NO	
D	ATES OF ATTENDANCE		DATE OF G	RADUATION/TE	RMINATION OF STUDY	
-	ID VOUD INICTITUTION ISSUE THE LOOP			D VEC	D.NIO	
	ID YOUR INSTITUTION ISSUE THE I-20? FNO, PLEASE PROVIDE THE NAME OF TH	E ISSUING INSTITUTION		□ YES	□ NO	
IS	S/WAS THE STUDENT PURSUING A FULL (	COURSE OF STUDY WHEN LAS	T ENROLLED?	□ YES	□ NO	
	O YOUR KNOWLEDGE IS THIS STUDENT   F NO, PLEASE EXPLAIN.	IN LAWFUL STATUS WITH USO	CIS?	□ YES	□ NO	
	,					
D	DEGREE AND MAJOR PURSUED AT YOUR INSTITUTION					
H	AS THE STUDENT MET ALL FINANCIAL O	BLIGATIONS AT YOUR INSTIT	UTION?	☐ YES	□ NO	
DI	PLEASE LIST PERIODS OF PRACTICAL TRAINING OR SEVERE ECONOMIC HARDSHIP					
,,,	PLEASE LIST PERIODS OF PRACTICAL TRAINING OR SEVERE ECONOMIC HARDSHIP					
Pl	PLEASE PROVIDE A RELEASE DATE FOR THE STUDENT'S SEVIS RECORD					
	NAME AND ADDRESS OF INSTITUTION					
N	NAME AND ADDRESS OF INSTITUTION					
CI	ITY	STATE			ZIP CODE	
N.	AME OF INTERNATIONAL ADVISOR	/ISOR TITLE OF INTERNATIONAL ADVISOR				
El	MAIL OF INTERNATIONAL ADVISOR		PHONE OF INTERNATIONAL ADVISOR			
-						
SI	IGNATURE OF INTERNATIONAL ADVISOR			DATE		