UNIVERSITY of PUGET SOUND
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INTERNATIONAL STUDENT TRANSFER-IN FORM

Please complete the information in Section I and submit this form to the International Student Advisor at your present or most recently attended school in the U.S.

SECTION I - TO BE COMPLETED BY THE STUDENT

Name

(Please Print) Last or Family                               First or Given       Middle

Academic term and year you will begin your studies at Puget Sound: ________________________________

I authorize my present International Student Advisor (or designated campus officer) to provide the information below.

_____________________________________________________________   ___________________________________________
Student's Signature  Date

Phone Number:  __________________________________________  E-mail:  ____________________________________________________

Address: _________________________________________________________________________________________________________________

SECTION II – TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR PRESENT OR LAST ATTENDED SCHOOL IN THE U.S.

The above named student has applied for admission to Puget Sound. Your assistance is appreciated in completing the section below.

What is the student’s visa type?  ________________

SEVIS ID Number: ________________________________________  SEVIS Release Date:  _____________________________

When was this student last enrolled at your institution:  ___________________________________________________________

If on a J-1 program, please list the Program Number:  ____________________________________________________________

Please list all periods of authorized practical training (curricular or optional) _________________________________

Please mark the appropriate statement:

___ The student is in good standing and is/has been pursuing a full course of study.

___ The student is out of status and a reinstatement to student status was filed on (date) ____________

(Please enclose copies of documents filed with USCIS.)

___ The student is out of status.

Signature of School Official ___________________________________________        Date:___________________________

Name and Title:__________________________________________________________________

Institution:________________________________________________________________________

Telephone Number: ______________________________________________________________

Address:  ________________________________________________________________________________________________________________

City                             State                              Zip

Please return this form with a copy of the student’s current I-20 to:

International Programs   University of Puget Sound
internationalprograms@pugetsound.edu
1500 North Warner CMB 1005 Tacoma, Washington
Tel. (253) 879-2515 Fax (253) 879-2648