

**INTERNATIONAL STUDENT/SCHOLAR TRANSFER REQUEST**  
(For F-1 and J-1 non-immigrant students/scholars)

This form is to be completed by international students/scholars who are transferring to Stephen F. Austin State University from another educational institution within the United States.

Student/Scholar's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_

\*\*Family Educational Rights and Privacy Act: Permission to release information to Stephen F. Austin State University. "I hereby authorize \_\_\_\_\_ to release such information to Stephen F. Austin State University."

\_\_\_\_\_  
Student/Scholar Signature Date  
(Please complete the top part and present this form to your International Student Advisor)

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**TO THE INTERNATIONAL STUDENT ADVISOR or RESPONSIBLE OFFICER:**  
Please complete the following and return to Stephen F. Austin State University

SEVIS ID # \_\_\_\_\_

Is this student/scholar in status with INS? Yes \_\_\_ No \_\_\_  
If no, please explain: \_\_\_\_\_

Is this student/scholar financially indebted to your institution? Yes \_\_\_ No \_\_\_

Date of initial entry **OR** change of status in US to F-1/J-1 status: \_\_\_\_\_

Last date of attendance at your institution: \_\_\_\_\_

Comments? \_\_\_\_\_

**For Students in F-1 status:**

Please give dates of any Curricular Practical Training or Optional Practical Training:

From \_\_\_\_\_ to \_\_\_\_\_ CPT  
From \_\_\_\_\_ to \_\_\_\_\_ OPT

**For Students/Scholars in J-1 status:**

Please give dates of any Academic Training:

From \_\_\_\_\_ to \_\_\_\_\_ AT (Total # of Days) \_\_\_\_\_

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Please print your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_