

F-1 IMMIGRATION TRANSFER IN FORM

For International Students Transferring From Another U.S. Institution To American University

INSTRUCTIONS FOR STUDENTS PLEASE COMPLETE THE FOLLOWING STEPS TO OBTAIN YOUR TRANSFER 1-20

Step 1: Submit a completed Certification of Finances for International Students (CFIS) Form along with liquidable financial proof in English. Financial proof must be dated within the last three months to demonstrate your ability to cover at least one year of academic and living expenses at American University. Please fax or email these documents to your Admissions' contact at American University.

For the CFIS Form, visit: http://www.american.edu/ocl/isss/upload/CFIS-Form.pdf. For cost guides, visit: http://www.american.edu/ocl/isss/Student-Cost-Guide.cfm.

Step 2: Complete SECTION I of this form below, sign and date it.

Step 3: Have your current U.S. institution to complete SECTION II of this form and send it back to the International Student and Scholar Services (ISSS) office at American University by fax at (202) 885-3354 or email at isssdocuments@american.edu after your admission to AU has been confirmed.

SECTION I TO BE COMPLETED BY STUDENT

ADMITTED TO AU? YES □ NO □ (If no, please do not submit this form until after your admissions to AU has been confirmed.)

I give permission to the U.S. institution listed in SECTION II to release the information necessary to complete my immigration transfer to American University.

| NAME (Mr./Ms) | ansier to American Onive | isity. | | | | | | |
|--|--|--------------------------|------------------------------|---------------------|-------------------------|-------|----------------|--|
| As it appears on your passport Last | First | First DOB:MM/DD/YY | | | Middle | | | |
| COUNTRY OF CITIZENSHIP: | DOB: | | | | D #: | | | |
| | | MM/DD EMAIL: | | | | | 7 Digit Number | |
| TELEPHONE: | EMAIL: | | | | | | | |
| ADMITTED TO: BA/BS □ MA/MS □ PHD □ | PROGRAM: | CAS □ | KOGOD □ | SIS 🗆 | soc □ | SPA □ | WCL □ | |
| U.S. ADDRESS (REQUIRED): STREET: | | | | | | | | |
| CITY: ST | ГАТЕ: | ZIPCODE: | | | COUNTRY: <u>USA</u> | | | |
| ADDRESS TO MAIL YOUR 1-20 (PLACE AN "X" 図 IN THE APPROPR □ PERMANENT MAILING ADDRESS □ U.S. MAILING ADDRESS □ STUDENT PICK-UP □ OTHER | , | | | | | | | |
| SIGNATURE: | | | DATE: | | | | | |
| SECTION II TO BE COMPLETED BY AN INTERNATION Pease indicate the date of when you plan to transfer the SEVIS RELEASE DATE (REQUIRED)*: | the student's SEVIS immigr Month/Day/Ye | ation reco ear *Do no | ord to Ame t sign this fo | erican U Orm wit | Iniversity hout a da | te. | 0022.000 | |
| STUDENT SEVIS NUMBER: | | TES OF ENROLLMENT: | | | | | | |
| LEVEL OF EDUCATION: | | | | | | | | |
| HAS THE STUDENT ACTED IN ACCORDANCE WITH THE USCIS YES NO. Please explain: HAS THE STUDENT MET HIS/HER FINANCIAL OBLIGATIONS TO YES NO. Please explain: HAS THE STUDENT APPLIED FOR OR RECEIVED AUTHORIZAT YES. Please specify the type of employment: NO | TO YOUR INSTITUTION? | OYMENT? | | | | | | |
| U.S. INSTITUTION: | NAME &TITLE OF D | SO: | | | | | | |
| TELEPHONE: | | | | | | | | |
| SIGNATURE OF DSO: | DATE. | | | | | | | |