

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/oci/isss/upioad/CFIS-Form.pdf
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For cost guides, visit: http://www.american.edu/oci/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)	transfer to American Onive				
As it appears on your passport Last	First	First		Middle	
COUNTRY OF CITIZENSHIP:	DOB:	MM/DD/YY	AU ID #:		
TELEPHONE:		MM/DD/YY			
ADMITTED TO: BA/BS □ MA/MS □ PHD □	☐ PROGRAM:	CAS □ KOGOD [□ SIS □ SOC □	SPA □ WCL □	
U.S. ADDRESS (REQUIRED): STREET:					
CITY:	STATE:	ZIPCODE:		COUNTRY: <u>US</u> A	
ADDRESS TO MAIL YOUR 1-20 (PLACE AN "X" ⊠ IN THE APPROPERT IN THE APPROPE					
SIGNATURE:					
SECTION II TO BE COMPLETED BY AN INTERNAT Pease indicate the date of when you plan to transfer SEVIS RELEASE DATE (REQUIRED)*: NOTE: To transfer an immigration record to AU in SEVIS, plansfer	the student's SEVIS immigi Month/Day/Yo	ration record to Ar ear * <i>Do not sign this</i>	nerican Universit form without a de	ate.	
STUDENT SEVIS NUMBER:	-				
LEVEL OF EDUCATION:	DATE OF GRADUAT	ION/TERMINATION			
HAS THE STUDENT ACTED IN ACCORDANCE WITH THE USO YES NO. Please explain: HAS THE STUDENT MET HIS/HER FINANCIAL OBLIGATIONS NO. Please explain: HAS THE STUDENT APPLIED FOR OR RECEIVED AUTHORIZA YES. Please specify the type of employment: NO	TO YOUR INSTITUTION?				
U.S. INSTITUTION:	NAME &TITLE OF D	SO:			
TELEPHONE:	EMAIL:				
CIONATURE OF DCO					