

F-1 INTERNATIONAL STUDENT TRANSFER IN FORM

Part 1: To be completed by the transferring student

Please complete this portion of the form, and then submit to the International Student Advisor/Designated School Official (DSO) at your current or most recent school.

Student first name: _____ Student last name: _____

Date of birth (mm/dd/yyyy): _____

Program of interest at MUSC: _____

Initial term at MUSC: _____

I intend to transfer to the Medical University of South Carolina. I grant permission for the information requested below to be forwarded to the Medical University of South Carolina.

Student Signature

Date

Part 2: To be completed by the International Student Advisor/DSO at the transfer out institution

The above named student intends to transfer to the Medical University of South Carolina (SEVIS School Code: ATL214F01400000). Please complete this form and return it to huley@musc.edu.

Name of institution: _____

DSO name: _____

DSO e-mail: _____ DSO phone number: _____

Student's SEVIS ID: _____ SEVIS transfer release date (mm/dd/yyyy): _____

Dates of full-time enrollment: _____ to _____ Expected date of completion/graduation: _____

Level of study at your institution: undergraduate graduate other (specify): _____

Has the student met all financial obligations at your institution? yes no

Did the student attend another US institution before yours? yes no

Periods of practical training (if any): Curricular (full-time): _____ months Curricular (part-time): _____ months

Optional (full-time): _____ months Optional (part-time): _____ months

To the best of your knowledge, has the student acted in accordance with USCIS regulations and is eligible for a transfer under the school transfer procedure? yes no

Comments: _____

DSO Signature

Date