



# LOCK HAVEN UNIVERSITY OF PENNSYLVANIA

## Immigration Transfer-in Form

This form serves to transfer an international student who is currently studying in the United States SEVIS record from his/her current college/university/high school to Lock Haven University.

**To the International Student:** Please complete Section A of this form, then have the international student advisor/Designated School Official (DSO) at your current college/university/high school complete Section B.

**To the International Student Advisor:** The student named below has been admitted to Lock Haven University. Your assistance is appreciated in completing Section B and returning this form by fax or mail to the address/fax number listed at the bottom of this page. **(The LHU SEVIS code for release purposes is: PHI214F00516000).**

### SECTION A: TO BE COMPLETED BY THE STUDENT:

Last (Family) Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Semester/Year you will begin study at LHU: Fall \_\_\_\_ Spring \_\_\_\_ Summer(1 or 2) \_\_\_\_ Year: \_\_\_\_  
Major: \_\_\_\_\_

### SECTION B: TO BE COMPLETED BY THE INTERNATIONAL ADVISOR:

SEVIS Release Date (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ SEVIS ID Number: \_\_\_\_\_

1. What is the student's nonimmigrant status? F-1 \_\_\_\_\_ J-1 \_\_\_\_\_

If J-1 please provide the following information;

Program Number: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Length of time in the U.S. \_\_\_\_\_ What category is marked in #4 on the DS-2019 form? \_\_\_\_\_

2. Is this student in good standing based on USCIS regulations? Yes \_\_\_ No \_\_\_

3. If the student is not in good standing, has your office filed a reinstatement application? Yes \_\_\_ No \_\_\_

4. What semester/quarter did/will the student complete study at your institution?

Semester/Year: \_\_\_\_\_

5. If your institution is a PUBLIC SECONDARY SCHOOL (High School):

Date student first enrolled at your institution (Month/Day/(Year) \_\_\_\_\_

Date student last re-entered the U.S. from travel abroad (Month/Day/Year) \_\_\_\_\_

6. Please indicate any Curricular Practical Training (CPT) or Optional Practical Training (OPT) dates granted to this student: \_\_\_\_\_

7. Comments: \_\_\_\_\_

P/DSO Name \_\_\_\_\_ Signature \_\_\_\_\_ Date(M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Institution \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please note LHU will not be able to issue you a new I-20 until the transfer release date. Please communicate with your current Designated School Official (DSO) regarding release dates. Once the transfer release date has been reached your current college/university/high school will no longer have access to your record.

I permit the information requested to be forwarded to Lock Haven University:

Student Signature \_\_\_\_\_ Date (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_