



**Transfer In Form**

INTERNATIONAL SERVICES

# Transfer In procedures:

# Complete SECTION I and submit this form to International Services at the school you are currently attending. Request them to complete SECTION II and send a scan of it to Bellarmine International Services at internationalservice@bellarmine.edu

**SECTION I**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** |  |  **First Name:** |  |
| **E-mail:** |  | **SEVIS ID#:** |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Class** |  Undergraduate\_\_\_\_\_ Graduate \_\_\_\_\_ | **Current Program** |  |
| **Beginning Term at BU** |  |  **Major** |  |

**I grant permission for the information requested below to be released to Bellarmine University**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student Signature Date**

**SECTION II (Completed by Current School). Please forward to Bellarmine International Services at** **internationalservice@bellarmine.edu**

The student is a:

* F-1. I-20 expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/day/year)
* J-1. DS-2019 expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/day/year) J Program #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The student’s dates of attendance were: Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/day/year) End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/day/year)

Check one of the following:

* + This student is an F-1 student and eligible to transfer to Bellarmine University.
	+ This student has maintained J-1 status and is eligible to transfer.

 **Release Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/day/year)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **School Official Date**

NOTE: Bellarmine University is listed in SEVIS as “Bellarmine University” with code number **NOL214F10696000**.

**FOR OFFICE USE ONLY**

Date of receipt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEVIS confirmed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by:\_\_\_\_\_\_\_ Release date:\_\_\_\_\_\_\_\_\_\_\_\_\_

 day/mo/yr day/mo/yr