

**Albany State University  
International Student Transfer-In Form**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

First semester you plan to begin your studies at ASU: Fall Spring Summer Year: \_\_\_\_\_

Program you will pursue at ASU:

Certificate, Associate, Bachelor or Master's? \_\_\_\_\_ Major: \_\_\_\_\_

Student's Current Immigration Status: \_\_\_\_\_ SEVIS ID Number: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

**Anticipated SEVIS Release Date:** \_\_\_\_\_

Has the student maintained his/her non-immigrant status? Yes No

If no, please explain: \_\_\_\_\_

Is the student's SEVIS record still in "active" status? Yes No

Practical Training Used: OPT CPT From \_\_\_\_\_ to \_\_\_\_\_ Full-time Part-time

OPT CPT From \_\_\_\_\_ to \_\_\_\_\_ Full-time Part-time

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

DSO/ARO Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

DSO/ARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by mail or email to:

Albany State University Office of International Education

Email: [michelle.appling@asurams.edu](mailto:michelle.appling@asurams.edu)

[admissions@asurams.edu](mailto:admissions@asurams.edu)

Phone: 229-500.4358

**School Code: ATL 214F00024000**

Copy/scan of most recent I-20/DS-2019

Copy/scan of passport page identification page

Copy of F/J visa

Copy of I-94 information