FLORIDA INTERNATIONAL UNIVERSITY
F-1 GRADUATE STUDENT TRANSFER FORM

All F-1 graduate student applicants transferring from a U.S. institution to FIU must complete this form. As part of the application process to Florida International University, we must determine and verify your F-1 status with your previous institution. Complete **Section I** and give this form to the international student advisor at your current/previous school to complete **Section II**. The completed form must be mailed or faxed to FIU's **Graduate Admissions Office** at (305) 348-7441.

We cannot issue your I-20 for transfer until your SEVIS record has been released from your current institution and until we receive the completed Transfer Form verifying your status. **Issuing your I-20 after the release date could take a few weeks. Please allow ample time.**

NOTE: All authorized employment at your current/previous school and/or any remaining OPT employment authorization based on your current/previous degree program will end once your SEVIS record has been released to FIU.

Section I – TO BE COMPLETED BY STUDENT (please legibly PRINT all information requested):

FIU Panther ID: _____ Admission Term: □ Fall □ Spring □ Summer: ___A/C ___B

Name: _____ _____ _____
(As it appears in passport) **Last Name/Family Name/Surname** **First Name** **Middle Name**

Email address:_____ Phone number: _____

Which FIU Campus will you attend? □ □ **Biscayne Bay Campus, MIA214F00503001 (Journalism & Hospitality Management)**
□ **FIU Downtown on Brickell, MIA214F00503003 (Graduate Business)**
□ **Modesto A. Maidique Campus, MIA214F00503000 (all other programs)**

I request and authorize my present international student advisor (or Designated School Official) to provide the information below as part of my application for transfer to Florida International University and to release my electronic SEVIS record.

_____ _____
Signature **Date**

Section II – TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:

Student's SEVIS ID Number: _____

Last date the student was enrolled at your institution: _____ Did the student graduate? (Y/N) _____

Is the student currently in status? (Y/N*) _____
*If no, has a reinstatement application been filed? (Y/N) _____ Date of termination in SEVIS: _____

History of employment and reduced course load authorizations, if applicable:

1. CPT: Dates of authorization: _____ □ Full-time □ Part-time
2. OPT: Dates of authorization: _____ □ Full-time □ Part-time
3. *Medical* RCL: Dates of authorization: _____

SEVIS Transfer Release Date: _____

_____ _____ _____
Name of PDSO/DSO **Title** **Email**

_____ _____
Name of Institution **City** **State** **Zip Code**

_____ _____
Signature **Date**

Mail to: **Florida International University, Graduate Admissions Office, P.O. Box 659004, Miami, FL 33265-9004**
Fax to: **(305) 348-7441**