



**Immigration Transfer Form
For F-1 Students
Main Campus PHI214F10011000**

F-1 students transferring to Bluefield State University (BSU) from another U.S. institution must be complete Section I of this form. The international student advisor at your current school must complete Section II and fax the form to the BSU Admissions Office at 304-327-4330. Your Form I-20 cannot be issued until your current school transfers your SEVIS record. When you arrive at BSU, you must report to the BSU Admissions Office within 15 days of the start date on your Form I-20 to complete the transfer process. If you fail to report within 15 days, you will be out of status in the U.S.

Section I: To be completed by the applicant

Name: _____

Social Security Number (if known): _____

Country of Citizenship: _____ Current Residency: _____

Country of Birth: _____ Date of Birth: _____
mm/dd/yyyy

Current Immigration Status: _____

Expiration Date on I-94 Card: _____

Expiration Date on Form I-20: _____

SEVIS ID Number (listed on I-20): _____

Names and Visa Types of Accompanying Dependents:

BY SIGNING THIS FORM, I AUTHORIZE MY INTERNATIONAL STUDENT ADVISOR TO PROVIDE THE INFORMATION REQUESTED IN SECTION II.

Student Signature: _____ Date: _____

Present Address: _____ Phone: _____

With this form, please submit copies of your passport ID pages, latest visa, latest admission stamp, front and back of your I-94 card, any previous I-20s, and any other relevant immigration documents.

Section II: To be completed by International Student Advisor Only.

____ Yes ____ No Is this student currently in status with Immigration and eligible to continue enrollment at your institution? If No, please explain:

Last Date of Attendance: _____

____ Yes ____ No Has the student been authorized for practical training?
List types and dates:

____ Yes ____ No Does this student currently have adjudications in process with Immigration?
If yes, explain:

SEVIS Release Date: _____

School Code: _____

Additional Comments: _____

Name : _____ Title: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM BY EMAIL TO:

Bluefield State University, Office of Admissions at bscadmit@bluefieldstate.edu

OR, BY MAIL TO:

Bluefield State University
Admissions Office
219 Rock Street
Bluefield, WV 24701
304-327-4066