**Transfer-In Verification Form**



Valdosta State University

**Center for International Programs**

**ADDRESS** 204 Georgia Avenue • Valdosta, GA 31698-0037 • **PHONE** 229.333.7410

**Fax** 229.245.3849 • **WEB** www.valdosta.edu/cip • **E-mail** [iss@valdosta.edu](mailto:iss@valdosta.edu)

**SCHOOL CODE** ATL214F00227000

To establish immigration clearance for those international students who are currently attending another U.S. school, and who will not leave the U.S. before attending Valdosta State University.

**Student Information - *To be filled out by student***

**SEVIS ID#** N000

**Date of Birth (MM/DD/YYYY)**

Note: Please make sure that your name is exactly as it appears on your passport/I-20.

**Last Name First Name**

**Gender**

Female Male

Country of Birth: Country of Citizenship:

Phone: E-mail:

**To be filled out by a Designated School Official/ International Student Advisor only**

**SEVIS Record Release Date**

**Dates student attended current institution To**

**Please select all following valid statements below:**

Student is currently in status.

Student is currently in good academic standing.

Student has no financial obligation to their current institution. Student has completed period(s) of authorized Practical Training.

Type(s) and Date(s) of

Practical Training

Authorized by

(Academic Institution) Academic Institution's

City/State

**Name of DSO**

**Signature**

**Date Signed**

**Phone E-mail**

*Please either fax, mail, or scan & e-mail back to the Center for International Programs.*

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