Transfer "In" Request

All students currently in F-1 status at any type of institution (high school, college, university, intensive English institute) in the U.S. who plan to transfer to Kansas State University must complete the transfer procedure through SEVIS. Complete this form and return by fax or mail to the International Student and Scholar Services at Kansas State University.

Transfer Procedure:

1. Receive admission to Kansas State University
2. Notify your current school of your intentions to transfer.
3. Complete Part I of this form (only after you have been admitted and choose to attend K-State)
4. Have an international student advisor at your current institution completed Part II.
5. After you and your current school have determined the date to have your SEVIS record electronically released to K-State, promptly return this form.
6. After the release date, K-State will produce an I-20. Contact our office to make arrangements to receive your new I-20.

Part I: To be completed by the student

Please complete Part I of the form, sign and submit to the international student office at your school.

Name: _____
Family Given Middle

Semester you intend to begin classes at K-State: ☐ Fall ☐ Spring ☐ Summer of _____
year

Will you travel outside of the U.S. between attendance at the two schools? ☐ Yes ☐ No

If yes, please consult your current advisor to determine if it is best to delay your release date until after your return.

I authorize my current institution to provide the information requested in Part II of this form to the International Student and Scholar Services at Kansas State University.

Student Signature: _____ Date: _____

Part II: To be completed by International Student Advisor

Has the student maintained valid F-1 status while attending your institution? ☐ Yes ☐ No

If no, please explain: _____
_____
_____

Did the student receive apporval for a reduced course load? ☐ Yes ☐ No
If yes, for what reason(s): _____

Did the student receive any practical training? ☐ Yes ☐ No
If yes, state the type, whether authorization was full-time or part-time and the program level and dates
_____

Release Date: _____

Release record to **Kansas State University**
KAN214F00272000

_____ Printed Name

_____ Signature

_____ Title

_____ Date

_____ Name of School

_____ Phone Number Fax Number

_____ Address of School

_____ E-mail

International Student & Scholar Services
104 International Student Center, Kansas State University
Phone: 785.532.6448 Fax: 785.532.6607 Email: isss@ksu.edu www.ksu.edu/isss