



OFFICE OF
INTERNATIONAL PROGRAMS

INTERNATIONAL STUDENT
& SCHOLAR SERVICES

F-1 STUDENT TRANSFER-IN REPORT

To legally transfer your immigration status to Georgetown University, please notify the International Student Advisor at your previous institution of your intent to transfer and request that the Designated School Official (DSO) complete this form. Please return this form by fax to Ms. Giovanna Ubillus at (202) 687-5944 or by mail to the address listed below.

For graduating students: You must transfer your immigration status within the 60 day grace period following successful completion of your program of study or a period of authorized Optional Practical Training.

For mid-program transfer students: You should transfer your immigration status to Georgetown University at the end of the current session at your current institution or prior to the last day of the add/drop period for the next required semester at your current institution.

SECTION I: TO BE COMPLETED BY STUDENT

Student's Full Name: _____

Email Address: _____ Telephone: _____

My current F-1 visa stamp expires on (date): _____

Semester and year I will start my program at Georgetown University: _____

I authorize the International Student Advisor at my current institution to provide the information requested below.

Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

A Designated School Official (DSO) is the person at a school who is authorized to issue the Form I-20.

Name and Title of DSO: _____

Institution: _____ Telephone: _____

Email: _____ Date: _____

The SEVIS transfer school drop down lists Georgetown as:

Georgetown University-Main Campus: School code WAS214F00001000

Student's SEVIS ID Number: _____

Please indicate **transfer release date** as entered in SEVIS for the student: _____

1) The applicant named above (please check one of the items below):

_____ Is taking a full course of study at this school and is expected to complete his/ her course of study on:

_____ Completed the course of study at this school on: _____

_____ **Did not** complete the course of study, but terminated attendance on: _____

2) Please list beginning and ending dates of enrollment at your institution:

From: _____ To: _____

3) Please list below the number of months of previously authorized practical training:

Curricular (part-time) _____ months

Curricular (full-time) _____ months

Optional (part-time) _____ months

Optional (full-time) _____ months

4) While enrolled at your institution the student named above (please check one of the items below):

_____ Acted in accordance with immigration regulations

_____ **Did not** act in accordance with immigration regulations
(Please explain the violation and suggest whether you think the student is eligible for reinstatement)

5) According to your records, the above named student is eligible for transfer under the F-1 school transfer procedures outlined in 8CFR 214.2 (f) (8): Yes No

6) Use the space below for any additional comments regarding this transfer:

Thank you for your assistance.