

## International Student (F-1) Transfer-In Form

If you will enroll at Augsburg following full-time study at another institution, please complete this form and have your current international student office email it to <a href="https://example.com/how@augsburg.edu">how@augsburg.edu</a>. The Augsburg school code is SPM214F00180000.

| <b>I. Student Information</b> (To be completed b                                | y the student)  |
|---|---|
| Augsburg ID (if known):   | Date of Birth (mm/dd/yyyy):   |
| First Name:   | U.S. Phone Number:  |
| Middle Name:  | Email:  |
| Last Name:  | Start Term at Augsburg:   |
| In accordance with the Department of Hor  | meland Security regulations regarding transfer of schools, I authorize  |
| the information requested below to be rel                                       | eased to Augsburg University.   |
| Signature:  | Date:   |
|   |   |
| II. School Information (To be completed by                                      | the international student advisor)  |
| Student is in good standing and was Quarter/Semester:                           | s registered for full course of study the preceding quarter/semester.<br>Year:  |
| Student was authorized for post-co  | mpletion optional practical training, and is eligible for a transfer.   |
| Student did not register but physica  | ally reported and transfer is recommended.  |
|   | Il course of study during the preceding quarter/semester. Augsburg o apply for reinstatement with the United States Citizenship and |
| If student was granted practical training at please indicate the type and dates | your institution,   |
| SEVIS Release Date:   |   |
| School Official Information   |   |
| Name:   |   |
| Title:  |   |
| Signature:  |   |
| Date:   |   |