University of Lynchburg

F-1 Student Transfer Eligibility Form

Instructions

Colleges and universities are required to inform US Citizenship and Immigration Services (USCIS) of all F-1 transfers from one school to another, regardless of whether or not the student intends to travel outside of the United States. An F-1 transfer means that you entered the U.S. on one school's I-20, and you are changing to the I-20 of another school. To complete an F-1 transfer to University of Lynchburg, you must do the following.

1. Complete the Student Information Section below
2. Notify the school you are currently attending of your intent to transfer to the University of Lynchburg and have a Designated School Official (DSO) at your current school complete the Academic Institution Section of this form
3. Return this F-1 Student Transfer Eligibility Form to University of Lynchburg's DSO
4. Report to the university no later than 15 days after the start date indicated on your University of Lynchburg I-20 to complete the transfer process. Bring all immigration and travel documents with you.

Student Information Section

I request and authorize the school named below to complete the Academic Institution Section of this form and email it directly to Lynchburg's Designated School Official, Ellen Thompson, at thompson_e@lynchburg.edu.

Name (Please Print): _____ _____ _____
(*as it appears in your passport)* Last Name First Name Middle Name

Telephone Number: _____ E-mail: _____

Date of Birth: _____ Country of Birth: _____Country of Citizenship: _____
(month/day/year)

_____ _____
Student Signature ***Date***

Academic Institution Section

The student named above is applying for admission to the University of Lynchburg (School Code: **WAS214F00042000**). Please certify the information below so that we can verify the student's eligibility for the F-1 school transfer and email the completed form to thompson_e@lynchburg.edu.

1. To the best of your knowledge, is this student in status according to DHS regulations and eligible for a transfer? ___Yes ___No
2. If the student is out of status and has filed a reinstatement application, please note date the application was filed: _____
3. Please list the types and duration of any authorized Practical Training:

   _____

   _____

Student's SEVIS Transfer Release Date: _____

_____ _____
DSO Signature ***Date***

Name and Title (Please Print):_____

E-mail Address: _____ Phone Number: _____

University of Lynchburg – Center for Global Education
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