Transfer-In Form

This form applies to non-immigrant students in F or J status who have been attending school in the United States and wish to transfer their student visa sponsorship to James Madison University. The Designated School Official at the school where you are currently enrolled must complete this form.

To be completed by Applicant:

Applicant’s Full Name: _____________________________________________________________

Program (check one): □ Graduate  □ Undergraduate

Semester and year you plan to start at JMU: □ Fall  □ Spring  □ Summer  20____

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

Signature: ___________________________ Date: ___________________________

To be completed by the International Student Advisor (DSO/ARO):

The above named student is applying for admission to James Madison University. Please provide the following immigration information and return this form to isss@jmu.edu. Note: JMU’s F-1 School Code: WAS214F00214000, J-1 School Code: P-1-04055.

Current Immigration Status (F-1/J-1): ______________ SEVIS ID #: ______________________________

Current SEVIS Expiration Date (mm/dd/yyyy): _____________________________________________

SEVIS Release Date (mm/dd/yyyy): ______________________________________________________

Date Last Attended at your institution (mm/dd/yyyy): ______________________________________

Previous Work Authorization (list authorized dates): _________________________________________

Previous Reduced Course Loads (list authorized dates and reason): __________________________

Is student in status? Yes / No (If no, please explain below why student is not in status.) ________________

____________________________________________________________________________________

International Student Advisor/DSO/ARO – Name and Title: ________________________________

Signature: ___________________________ Date (mm/dd/yyyy): ____________

Phone #: ___________________________ Email: ___________________________

Institution’s name & address: ___________________________

____________________________________________________________________________________

Please return to isss@jmu.edu