Transfer-In Form

Office of International Student Affairs
1002 N. First Street, Vincennes, IN 47591
Phone: 812-888-4156 | Fax: 812-888-5572
Email: intstudent@vinu.edu

This Transfer-In form should be used if you wish to transfer to Vincennes University from another U.S. educational institution and must be completed along with the application of admissions before we can issue an I-20.

International Student:
Please complete Section A of this form, then have the international student advisor at you current institution complete Section B.

SECTION A: TO BE COMPLETED BY THE STUDENT		
Family Name:	Given Name:	Middle Name:
Date of Birth:	◯ Male ◯ Female	Country of Citizenship:
Email Address:	Phone Number:	
Current Mailing Address:		
City:	State:	Zip Code:
Semester and Year you intend to enroll at VU: ◯ Fall (August) ◯ Spring (January) Year: _____		
Do you have any dependents who will accompany you to VU? ◯ Yes ◯ No		
Do you plan to travel outside the U.S. before attending VU? ◯ Yes ◯ No		

I give permission for the information requested below, along with my SEVIS record be released to Vincennes University.

Student Signature: _____ Date: _____ /_____ /_____

SECTION B: TO BE COMPLETED BY THE CURRENT SCHOOL'S DSO	
ATTENTION: The student named above has requested admission to Vincennes University. Your assistance is appreciated in completing Section B below and returning this form by fax or email using the information listed at the top of this page. **SEVIS release to: Vincennes University CHI214F10470000 (main campus)**	
SEVIS Release Date:	SEVIS ID Number:
To the best of your knowledge, is the student in valid immigration status? ◯ Yes ◯ No	
What date did the student last attend your institution? Month: _____ Year: _____	
Please indicate any authorized Reduced Course Load: ◯ Academic ◯ Medical ◯ Last Semester ◯ None	
Please indicate any Practical or Academic Training dates granted to this student:	
Has the student fulfilled financial obligations to your institution? ◯ Yes ◯ No	
Comments:	

DSO INFORMATION	
Name:	Title:
Institution Name and Location:	
Email Address:	Phone Number:

Advisor Signature: _____ Date: _____ /_____ /_____