



APPLICATION FOR I-20 STUDENT TRANSFER

Student Information

SEVIS ID#		Name	
Current I-20 Expiration Date		Status	<input type="checkbox"/> Active <input type="checkbox"/> Terminated Date: _____ <input type="checkbox"/> Other, explain _____
Foreign Address			
US Address			
Phone Number		Email	
Current Program	BATh / BACC	MAICS/ MACE /MACC/ MDiv	DMiss / PhD ICS
Transfer Semester	Year _____ Spring / Fall		

Household Member Information

Relationship	Legal Name (Same as Passport)	Gender	DOB	City of Birth	Email	F2 Needed?
Spouse						
Children						
Children						
Children						

Previous School Information

School Name		Website	
I-20 Officer Name		Email	
Document Attached	<input type="checkbox"/> Current I-20 Full Pages	Remark	

*Application Fee I-20 Re-Issue: \$200 Application Fee: \$100

**** I hereby acknowledge the above information. The signature below certifies that all the information above is true and accurate to the best of my knowledge.**

Student Signature

Date

Office Use Only			
Finance Officer Signature	Total Processing Fee: \$300	Date	Received
International Officer Signature		Date	
Remarks			