

TEXAS A&M INTERNATIONAL UNIVERSITY

SEVIS Transfer-In Form

Student Information										
TAMIU ID	Last Name			First Name						
Current U.S. Physical Address										
Street Name and Apt#		J -	City		State	Zip Code				
*										
Program Information										
Semester you plan to transfer to TAMIU Academic level and major you plan to purs										
□ Fall □ Spring □ Summer □ 20:		 English Language Program Bachelor's Master's PhD Major: 								
SEVIS release date from your previous institution?										
Transfer Eligibility										
 I am in legal status and complying with the U.S. Immigration Customs Enforcement federal regulations and I am eligible to transfer to Texas A&M International University. Bachelor's I am not eligible to transfer. Explain below. 										
Student Certification										
I certify that all the information entered above is true and correct to the best of my knowledge.										
Student Signature and Date										
L	I									

5201 University Boulevard, Laredo, TX 78041 TAMIU.EDU





TEXAS A&M INTERNATIONAL UNIVERSITY

To the Designated School Official

The student intends to transfer to Texas A&M International University for the semester stated above. Please answer all questions to help verify the current status of the applicant. Once the form is complete, email the form to international@tamiu.edu. If you have any questions, call 956.326.2282.

Student Information											
Student name											
Date of Birth											
SEVIS #	Expiration date of current I-20										
		Dependent	: Infor	mation							
Full name		SEVIS #			Relationship to Student						
Academic Program											
Date of program con	pletion										
Transfer release date	e entered in S	SEVIS									
TAMIU SEVIS CODE: SNA214F02180000											
Is the student in legal status to transfer to TA					🗆 Yes 🗆 No						
Are grades pending for the current semester?					🗆 Yes 🛛 No						
Is the student eligible to re-enroll at your inst			itution	?	□ Yes □ No						
If not, explain why?				ŀ							
List any periods of a	uthorized wo	ork permissio	on grai	nted by USCI	S.						
5 1		1	0	9							
Additional Remarks (if any)											
N (DCO				<u>.</u>							
Name of DSO		Signature									
Date			Phone Number								

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