



Pittsburg State University

INTERNATIONAL PROGRAMS AND SERVICES

SEVIS TRANSFER IN FORM

- Complete this form if you are currently attending another educational institution in the U.S. in F1 or J1 visa status.
- Please ask an international advisor/school official at your current school to complete Section 2 of the form and send the form to the International Programs and Services office at Pittsburg State University.
- If you are currently in an English language program, please have the program director also complete Section 3.

School code: KAN214F00429000 | PLEASE FAX COMPLETED FORM TO (620) 235-4962

SECTION 1 : STUDENT (To be complete by the student)

Name: _____
Last Name (Family) First Name (Given) Middle Name

PSU ID#: _____ E-mail Address: _____

Date of Birth: _____ Birth Country: _____

Last day of classes at your current school: _____

Semester intended to transfer to PSU: Fall Spring Summer Year: _____

Will you travel outside of the U.S. before attending PSU? Yes No

I hereby authorize my present International Student Advisor (or equivalent campus officer) to provide the information below as part of my application for admission to Pittsburg State University.

Student's Signature: _____ Date: _____

SECTION 2 : INTERNATIONAL ADVISOR (To be completed by the International Student Advisor at your current school)

SEVIS ID#: _____ Current visa status: F1 J1 SEVIS release date: _____

Last term/year of enrollment: _____

Is the student in valid F-1/J-1 status? Yes No If no, has he/she filed a reinstatement application? Yes No

Has the student had an authorized reduced course load? Yes No If yes, dates of authorization: _____

Has the student been authorized for practical/academic training? Yes No
If yes, please state the types(s) and dates of authorization: _____

Additional comments: _____

Signature: _____ Printed Name: _____ Date: _____

Title: _____ Email: _____

School Name: _____ City and State: _____



Pittsburg State University

INTENSIVE ENGLISH PROGRAM

IEP TRANSFER IN FORM

Section 3 is to be completed only if you are currently enrolled in an English language program.
Section 1 and Section 2 also required.

PLEASE FAX COMPLETED FORM TO (620) 235-4962

To be completed by the student:

Name: _____
Last Name (Family) First Name (Given) Middle Name

PSU ID#: _____

Session you plan to attend IEP:

FALL 1st Session FALL 2nd Session SPRING 1st Session SPRING 2nd Session SUMMER Year: _____

SECTION 3 : ENGLISH LANGUAGE PROGRAM (To be completed by the English language program director at your current school)

Student's dates of enrollment in your English language program: _____

Has the student progressed through the language program? Has the student repeated any levels or courses? If yes, please explain.

Has the student attended classes regularly? Yes No

If no, please explain. _____

Are the student's financial obligations to the language program paid in full? Yes No

If no, please explain, _____

Please use the space below to write any comments favorable or otherwise regarding this student.

Signature: _____ Printed Name: _____ Date: _____

Title: _____ Email: _____ Phone: _____

School Name: _____ City and State: _____