

**Idaho State University
International Programs Office
Transfer of I-20/DS-2019 Form**

208-282-2941 Phone 208-282-2924 FAX

International Student Applicants: If you are attending (or have attended) a U.S. college, or university. **You must complete Section I and have your current International Student Advisor/Responsible Officer/Sponsor complete Section II.** This form must be completed and returned to our offices before an I-20 or DS-2019 can be issued.

Section I (To be completed by applicant):

Name: _____
FAMILY NAME First Name

SEVIS ID Number: N_____

Email: _____

SEVIS release date (this is the day that ISU will be able to access your SEVIS record. Please note that *once this date has passed, your current school will not be able to make any SEVIS changes!!!*)

I authorize my current school to release my record on: (exact date): _____

I request and authorize the School Official to provide Idaho State University with the confidential information requested in Section II of this form. I have received a letter or an e-mail from ISU that states that I have received admission to Idaho State University.

I have provided the following to my advisor:

- Copy of ALL current I-20's / DS-2019's
 Copy of front and back of I-94

Student's Signature: _____ Date: _____

Section II: To be completed by current international student advisor:

Printed name, title and phone number

Dates of enrollment at your school: From _____ To _____
(mm/dd/yy) (mm/dd/yy)

Is this student currently IN STATUS with DHS? Yes No

If NO, please explain: _____

Is the student eligible to continue at your institution? Yes No
Has this student met all financial obligations to your institution? Yes No

What is the transfer out date in SEVIS? _____
(mm/dd/yy)

Please fax this form to the ISU International Programs Office at 208-282-2924

Advisor's Signature Date