

ADMISSIONS

BOB JONES *University*

GREENVILLE SC 29614-000 ● 864-242-5100 ● ADMISSIONS 1-800-BJ-AND-ME ● ADMISSIONS@BJU.EDU

TRANSFER IN FORM

TO THE APPLICANT: All international students transferring from U.S. institutions to BJU must submit this form. Please supply the student information below and give it to the appropriate official at your present institution for completion. Your signature indicates that you are giving official permission, usually to the International Student Advisor, to answer the questions below. Your new I-20 from Bob Jones University or Academy cannot be issued without this form.

I grant permission for the information requested below to be released to the Admissions Office at BJU.

PLEASE PRINT

Name: _____ Social Security Number _____
Family/Last First

Signature: _____ Date _____

TO THE INTERNATIONAL STUDENT ADVISOR: The above-named student has been accepted for admission to Bob Jones University or Academy. We request confirmation of his or her status at your institution before approving transfer to this school. Please check or complete the items listed below and return this form and a copy of the student's I-20 to the Admissions Department, Bob Jones University, Greenville, SC, 29614 or fax the forms to 1-800-232-9258.

1. Name as it appears in SEVIS: _____
Family/Last First Middle

2. SEVIS ID #: _____

3. Current Immigration Status

Completion Date on I-20 _____ Date on I-94 _____

_____ The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by the CIS).

_____ The student is out of status and a reinstatement to student status was filed on _____ at CIS (District: _____) and is pending. (Please enclose copies of documents filed with CIS.)

_____ The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20 from Bob Jones University.

_____ Other: _____

4. Date of last attendance at your school _____

5. Please indicate the dates of any practical training (curricular, optional) in which the student has participated:

Curricular _____ Optional _____

6. Transfer to Bob Jones University will be effective on _____ (mm/dd/yyyy) in SEVIS.

Name and Title of Designated School Official Completing This Form Signature

Name of Institution Date

Address Telephone Number