



*International Student Transfer Form*

**To the Student:**

1. Please complete **Section I** of this form.
2. Give the form to your DSO/International Student Advisor and ask him/her to complete **Section II** or **III**, then fax or scan and email it to the address on the form.

**Section I**

Name \_\_\_\_\_  
Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Present Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Name of your current institution \_\_\_\_\_

On what date will you complete your final term at this institution? \_\_\_\_\_

What semester do you wish to begin study at Heidelberg? \_\_\_\_\_

Do you have a husband/wife who will travel with you? No Yes, name is \_\_\_\_\_

Do you have any children who will travel with you? No

Yes, name(s)is/are \_\_\_\_\_

**I hereby express my intent to transfer to Heidelberg University and authorize my current institution to release my SEVIS record and to provide the additional information required in Section II or III**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Section II: for J-1 exchange visitors.** Please attach a copy of both sides of student's DS-2019.

J-1 Category: \_\_\_\_\_ Name of Sponsor \_\_\_\_\_

Program Number \_\_\_\_\_ Expiration date of the current DS-2019 \_\_\_\_\_

Please indicate all authorized Academic training period(s): \_\_\_\_\_

**To the DSO/International Student Advisor**

The international student named on this form is applying to Heidelberg University. Please answer the following questions and return the form directly to the address listed below. By transferring the student's SEVIS record in Active status, you are confirming that the student is currently in valid status and eligible to transfer without applying for reinstatement. Please do not transfer a student until an acceptance letter is issued.

**Section III: for F-1 students.**

SEVIS ID# \_\_\_\_\_ Student's Current Status \_\_\_\_\_

Please check if student is not in status and explain: \_\_\_\_\_

Education level student is authorized to pursue: ESL Undergraduate Graduate Other

Dates of Continued attendance at this school from \_\_\_\_\_ through \_\_\_\_\_

- Dates of OPT/CPT (if applicable) from \_\_\_\_\_ through \_\_\_\_\_
- Reduced course load for academic purposes from \_\_\_\_\_ through \_\_\_\_\_
- Reduced course load for medical reasons from \_\_\_\_\_ through \_\_\_\_\_

Please mark if any of the following apply:

- The student is recommended without reservation and is eligible to transfer.
- The student has exhibited disciplinary problems.
- The student is or has been on academic probation. Dates: \_\_\_\_\_ to \_\_\_\_\_
- The student has or had financial problems with your institution.
- The student has been reported of participating in unauthorized work.

Estimated SEVIS release date (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Signature of DSO/RO** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Name and Title** \_\_\_\_\_ **Institution and Address** \_\_\_\_\_

Please fax/scan & email this completed form to:

Julie Arnold  
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Heidelberg University  
310 East Market Street  
Tiffin, OH 44883  
SEVIS School Code: **CLE214F00377000**

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