



Texas A&M International University

International Student Transfer-In Form

(Foreign Student Advisor's Report)

International students with F-1 visas who have attended a school in the U.S. must make sure that this form is completed and submitted to the Office of Admissions at Texas A&M International University before they may enroll. Current information about the semester or quarter immediately before the student will attend TAMIU is required.

Completion of this side of the form authorizes the Foreign Student Advisor at the school to verify the information the student has provided and to complete the reverse side of the form. The advisor should mail or FAX the form to the Office of Admissions KL155; Texas A&M International University, 5201 University Blvd. Laredo, TX 78041-1900; Fax: 956.326.2199; Voice: 956.326.2202; <http://www.tamtu.edu>

PLEASE TYPE OR PRINT LEGIBLY

1. Full Name (as in passport): _____
Last (family or surname) First(given) Middle

2. Date of Birth: _____ TAMIU Student ID Number: _____
Month/Day/Year

3. Current Mailing Address: _____
Street and number/PO Box/ Apt # City State County zip/postal code

If you will be at another address immediately before attending Texas A&M International, please enter that address:

Street and number/PO Box/ Apt # City State County zip/postal code

4. Phone number where you can be reached before enrolling at TAMIU: (____) _____
 FAX number where you can be reached before enrolling at TAMIU: (____) _____

5. Semester you plan to enroll at TAMIU: Fall Spring Summer I Summer II Year _____

6. Academic level (select one): Bachelor's Master's Ph.D non-degree/special program
 Major you plan to pursue at TAMIU: _____

7. SEVIS release date from previous school (discuss with advisor at transfer-out school): _____
Month/Day/Year

8. Visa Type: _____
 I am in a legal status and am complying with the U.S. Immigration Customs Enforcement (ICE) federal regulations for my visa type. I am eligible to transfer to Texas A&M International: YES NO If not, please explain with dates:

“State law requires that you be informed of the following : (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information ; and (3) you are entitled to have the information corrected at no charge to you.”

I certify that all the above information is correct and true: _____
Signature of Applicant Date

Texas A&M International University
Office of Admissions KL 155
5201 University Boulevard
Laredo, TX 78041-1900
Phone: (956) 326-2202
FAX: (956) 326-2199
<http://www.tamtu.edu>

To the Foreign Student Advisor

Your assistance is appreciated in completing the questions below, and mailing or Faxing this form to: Office of Admissions, Texas A&M International University, 5201 University Boulevard KL 155, Laredo, TX 78041. FAX # (956) 326-2199. If you have questions, please call (956) 326-2202.

PLEASE TYPE OR PRINT LEGIBLY

1. Full name (as in passport): _____
Last (Family or surname) First (given) Middle

2. Date of Birth: _____
Month/day/year

3. Student's visa type: _____. Expiration date of Certificate of Eligibility (I-20) _____
month/day/year

4. Students's SEVIS #: _____

Dependents' SEVIS #'s (Please list them by name):	Name	SEVIS #	Relationship to Student
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

5. In what academic program is (or was) the student enrolled at your institution (degree level and major)? _____
Date of completion of the program? _____

6. Transfer release date entered in SEVIS: _____ (TAMIU SEVIS School Code SNA214F02180000)
month/day/year

7. To the best of your knowledge, is the student in a legal status and eligible to transfer to TAMIU? YES NO
If not, explain: _____

8. Are grades pending for the last or current semester? YES NO

Is this student eligible to re-enroll at your institution for the subsequent semester? YES NO
If not, explain _____

9. List all types and periods of authorized work permission granted to the student by your office or by U.S. CIS:

10. Additional Remarks: _____

Signature of Foreign Student Advisor	Institution	(____) _____ Phone number
Printed name and title of Foreign Student Advisor	(____) _____ Fax Number	_____ Date(month/day/year)