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 Graduate Studies 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 Graduate Studies SC124; Texas A&M International University, 5201 University Blvd. Laredo, TX 78041-1900; Fax: 956.326.3021; Voice: 956.326.3020; http://www.tamiu.edu/gradschool

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

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Revised on 03/22/11
To the Foreign Student Advisor

Your assistance is appreciated in completing the questions below, and mailing or Faxing this form to: Office of Graduate Studies, Texas A&M International University, 5201 University Boulevard SC124, Laredo, TX 78041. FAX # (956) 326-3021. If you have questions, please call (956) 326-3020.

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 #: _______________________

   Dependants’ 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 competition 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)