



# TEXAS A&M INTERNATIONAL UNIVERSITY

## SEVIS Transfer-In Form

Student Information			
TAMIU ID	Last Name	First Name	
Current U.S. Physical Address			
Street Name and Apt#		City	State Zip Code
Program Information			
Semester you plan to transfer to TAMIU		Academic level and major you plan to pursue	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> 20 ____		<input type="checkbox"/> English Language Program <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD Major: _____	
SEVIS release date from your previous institution?			
Transfer Eligibility			
<input type="checkbox"/> I am in legal status and complying with the U.S. Immigration Customs Enforcement federal regulations and I am eligible to transfer to Texas A&M International University. Bachelor's <input type="checkbox"/> I am not eligible to transfer. Explain below.			
Student Certification			
I certify that all the information entered above is true and correct to the best of my knowledge.			
Student Signature and Date			



# TEXAS A&M INTERNATIONAL UNIVERSITY

## To the Designated School Official

The student intends to transfer to Texas A&M International University for the semester stated above. Please answer all questions to help verify the current status of the applicant. Once the form is complete, email the form to [international@tamiu.edu](mailto:international@tamiu.edu). If you have any questions, call 956.326.2282.

### Student Information

Student name			
Date of Birth			
SEVIS #		Expiration date of current I-20	

### Dependent Information

Full name	SEVIS #	Relationship to Student

### Academic Program

Date of program completion	
Transfer release date entered in SEVIS	

TAMIU SEVIS CODE: SNA214F02180000

Is the student in legal status to transfer to TAMIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are grades pending for the current semester?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student eligible to re-enroll at your institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If not, explain why?

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List any periods of authorized work permission granted by USCIS.

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Additional Remarks (if any)

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Name of DSO		Signature	
Date		Phone Number	