

TEXAS A&M INTERNATIONAL UNIVERSITY

International Student Transfer-In Form

Student Information									
TAMIU ID	Last Name			First Name					
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Current U.S. Physical Address									
Street Name and Apt#			City	State Zip Co		Zip Code			
Program Information									
Semester you plan to transfer to TAMIU			Academic level and major you plan to purse						
☐ Fall ☐ Spring ☐ Summer ☐ 20:			☐ English Language Program ☐ Bachelor's ☐ Master's ☐ PhD Major:						
SEVIS release date from your institution?									
Transfer Eligibility									
 □ 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 □ 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 Dat	e				-	_			













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. If you have any questions, call 956.326.2282.

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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 con	npletion								
Transfer release dat	e entered in S	SEVIS							
TAMIU SEVIS CODE: SNA214F02180000									
Is the student in legal status to transfer to TAMIU?				□ Yes □ No					
Are grades pending for the current semester?				□ Yes □ No					
Is the student eligible to re-enroll at your institution?				□ Yes □ No					
If not, explain why?									
List any periods of a	uthorized wo	ork permission gra	nted by USCI	S.					
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Additional Remarks (if any)									
Name of DSO			Signature						
		Phone Number							
Date		Phone Number							







