

# F-1 Student Visa Transfer Form

If you are planning to attend **McNeese State University** and are coming from a high school or university in the United States, please ask **the international student advisor at the school you are currently attending** or last attended to complete this form and return it to the following address:

**McNeese State University**  
**International Student Affairs Office**  
**fax: (337) 562-4238**

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## Section I (to be completed by student)

Name:  Date of Birth

I hereby grant permission to the Designated School Official at the school I am currently attending or last attended to release information regarding my enrollment to McNeese State University.

\_\_\_\_\_  
Signature Date

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## Section II (to be completed by DSO)

Student was issued a SEVIS I-20 Form. We will change his/her SEVIS record to reflect "transfer out" to McNeese State University. The release date will be \_\_\_\_\_.

Student was NOT issued a SEVIS I-20 Form. Student does not and will not have a SEVIS record from our school.

Please complete the following:

- 1.) Student's Admission Number \_\_\_\_\_
- 2.) Level of education being pursued at your school \_\_\_\_\_
- 3.) Student's major at your school \_\_\_\_\_
- 4.) Last semester enrolled at your institution \_\_\_\_\_
- 5.) To the best of your knowledge, is the student in status with the INS?                      yes                      no
- 6.) If "no" please explain \_\_\_\_\_
- 7.) Does the student have a pending reinstatement case with the USCIS? \_\_\_\_\_
- 8.) Has the student ever been granted CPT or OPT from your institution? \_\_\_\_\_

If yes, please complete the following:                      Began \_\_\_\_\_                      Ended \_\_\_\_\_

Type of Practical Training: CPT or OPT (circle one)/ Full-time or Part time (circle one)

## THIS FORM WAS COMPLETED BY:

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Name and Address of the Institution \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_