TRANSFER-IN FORM

Rush University (CHI214F00776000) Office of International Services 600 S. Paulina, Suite 440 Chicago, IL 60612

Phone: 312-942-2030 · Fax: 312-942-7773

To the Student: Read this form carefully, print it and sign in the space provided. To properly transfer your SEVIS record to Rush University, first notify the International Student Advisor at your current school about your intent to transfer and have this form completed and signed.

Last Na	me First Name			Entire Middle Name		
-	to travel outside t the U.S.: □Yes		ginning my course of	study at Rush University and	d will need an I-20 to re-	
If yes,	I plan to leave the			rn to the U.S. on		
		(m/d,	/y)		(m/d/y)	
Please	e indicate the trans	sfer release date t	o be entered in SEVI	S:		
				(n	n/d/y)	
By sig reque		orize the Internati	onal Student Advisor	at my current school to pro	vide the information	
Signatu	ıre		Email Address		Date	
То Ве	Completed by Int	ernational Studer	nt Advisor			
Indica	nte the beginning a	nd ending dates o	of enrollment at your	institution:		
			, , , , , , , , , , , , , , , , , , , ,	From	То	
SEVIS	ID Number:					
	Is enrolled full-tir Completed the co Did not complete Is out of status ar The student is ou	me, in good standi ourse of study at t the course of stu nd a reinstatemen t of status	ng and eligible for a his school on dy. Terminated atter t application was file	ete the course of study on _ notification transfer ndance on d on specify start and end dates c		
wheth	ner the authorizati	on was full-time o	r part-time employm	nent		
CPT: _						
OPT: _						
Other:						
Institut	ion Name					
Name o	of Designated School O	fficial				
Signatu	ire		Phone	E-mail	Date	