

**I-20 TRANSFER-IN FORM
FOR F1 VISA HOLDERS TO ALMA COLLEGE**

TO BE COMPLETED BY THE STUDENT (PLEASE PRINT CLEARLY OR TYPE):

Given (First) Name: _____ Middle _____ Family (Last) Name _____
(Please write name as it appears on your passport)

U.S. Street Address: _____ City _____ State _____ Zip Code _____

International Address: _____

SEVIS #: _____ Telephone: _____ Email: _____

Date of Birth: ____/____/____
Month/Day/Year

I plan on leaving the U.S. prior to attending Alma College Yes No

I give permission for my current school to transfer my I-20 and Fax or Scan & Email this form to:

ALMA COLLEGE
Admissions Office
614 W. Superior Street
Alma, Michigan 48801

Tel: 989-463-7139
Fax: 989-463-7057
Email: admissions@alma.edu

SEVIS SCHOOL CODE: DET214F00020000

Student's Signature

Date

Requested I-20 Transfer Date to ALMA COLLEGE:

____/____/____
Month/Day/Year

TO BE COMPLETED BY THE PDSO/DSO OF THE STUDENT'S CURRENT SCHOOL:

The above named student is/was pursuing a full-time course of study at our institution: Yes No

The above named student is/was in good academic standing: Yes No

The above named student is/was in good financial standing: Yes No

Semester Last Attended: _____

To the best of my knowledge, the student is/has maintained status while a student at our institution Yes No

SEVIS ID #: _____

I-94 #: _____

SEVIS Release Date: _____

Name of School

City, State

SEVIS School Code

Print Name/Title of PDSO/DSO

Signature of PDSO/DSO

Date

Telephone: _____

Email: _____

Comments: _____