



Office of International, Immigrant, Undocumented, DACamented, and Refugee Students (IIUDRS)

c/o Unity Center, Donovan Dining Center — Lower Level
 600 Mount Pleasant Avenue, Providence, RI 02908-1991
 (401) 456-8549 • Fax: (401) 456-8821 • kmascorro@ric.edu

F-1 TRANSFER-IN REQUEST FORM

INSTRUCTIONS: Please complete Part I and then submit it to your international student advisor or designated school official at your current school for completion of Part II of this form.

PART I: To be completed by the student

First name, Middle name and Last name		SEVIS ID# Enter SEVIS ID
Country of citizenship (and Permanent Residence):	Today's date: Enter today's date	
Semester you intend to transfer to Rhode Island College	Enter Semester you plan to start	
Have you been accepted to Rhode Island College yet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, when did you apply? Enter the date you applied at RIC.		
Have you submitted your Application for a Form I-20 to this office yet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What "release date" have you and your school agreed upon for your records to be transferred to us? Release date: Enter today's date		
Do you intend to travel outside the U.S. before beginning your studies at RIC? <input type="checkbox"/> No <input type="checkbox"/> Yes (Provide dates: From Enter date to Enter date)		
If you answered "yes" above, will you need to apply for a renewal of your F-1 visa to return to the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature: _____ Date: _____ / _____ / _____

PART II: To be completed by the IIUDRS student advisor or designated school official only.

DESIGNATED SCHOOL OFFICIAL: Please e-mail this form to IIUDRS Student Office Coordinator and DSO Dr. Karina Mascorro at kmascorro@ric.edu along with a photocopy of the student's I-20. Rhode Island College's school code is **BOS214F20088000**.

School name:	Enter school name
Address:	Number & Street Name: Enter number and street name
	City / Province / State Enter City, providence or state.
	Postal Code/Country Enter Zip code and country.
Program of study Enter program	Major Enter Major
Did the student maintain F-1 student status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, why? Please click here to state why?	
Did the student complete the program the I-20 was issued for? <input type="checkbox"/> No <input type="checkbox"/> Yes. When? Please enter date	
If the student did not complete the program of study, please answer the following questions:	
Authorized Reduced Course Loads:	Enter course loads here
Date of attendance:	From Enter date. To Enter date.
What "release date" have you and the student agreed upon for the SEVIS record to be transferred to us? Release date: Click here to enter release date.	
Name of Designated School Official:	Enter Official Name
Telephone: Enter telephone	E-mail: Enter email address
Signature of IIUDRS Student Advisor:	