

F-1 International Student Transfer In Form

To prospective student: In order for University of Arkansas - Fort Smith to issue an I-20 and process the transfer, your current institution must release your SEVIS record. This form must be completed by you and your Designated School Official (DSO) at your current institution. Your signature in Part I authorizes the following information to be released to UAFS.

Part I. to b	e completed by studen	t:		
Last Name		First Name	9	Middle Name
Date of Birth (mm/dd/yyyy)		Country of Citiz	enship	SEVIS ID
Email		Phone		UAFS ID
Will you to	ravel outside the U.S p	prior to enrollment at UA	FS? Yes	No
If yes, wh	en will you depart?		When will	you return?
Signature				Date
		nated School Official (DS: ational@uafs.edu. UAFS' S		llowing questions about the student named above and NOL214F10253000.
1. I	s the student in F-1 st	atus?		
		Yes	☐ No	
2. Will/Did the student complete an academic objective or graduate from your school?				
		Yes	No	
3. \	Vill the student's SEVIS record be transferred in Active status?*			
		Yes	No	
4. \	Will the student's SEV	IS record be released wi	ithin their 60-day grac	e period or within a period of Optional Practical
-	Training?	Yes	No	
*Plea	ase contact us before t	ransferring a record in C	Completed or Termina	red status.
Institution	Name			
Name and	d Title of Designated S	School Official		
Email			Phone	
Signature			Date	