



TRANSFER IN VERIFICATION FORM TO UNCP
FOR STUDENTS IN F-1 STATUS

TO BE COMPLETED BY THE STUDENT:

Surname (Last Name): First Name: Telephone: Email: Date of Birth: Current Visa Status: Currently Attending: Dates of Attendance: (US Institution)

Do you plan to leave the U.S. between now and when you will begin at UNCP? YES NO

I give permission for my current school to transfer my I-20 to UNCP.

Student's Signature

Date

TO BE COMPLETED BY THE PRIMARY/DESIGNATED SCHOOL OFFICIAL (P/DSO):

Please confirm the status of the above-mentioned student and return the completed form to UNCP:

The Center for International Programs, UNC Pembroke
One University Drive
Pembroke, NC 28372-1510

FAX: 910-521-6864, Attn: Designated Service Officer

I-94 #: SEVIS ID #: Passport #: Visa #: Country of Citizenship:

Transfer Release Date: UNCP's School Code is: ATL214F10223000

Is student currently maintaining lawful F-1 status under USCIS regulations? YES NO

If not, please explain:

Is/ was the student pursuing a full course of study? YES NO

If not, please explain:

Start and end dates of attendance at your institution:

If currently enrolled, when will he/she complete the program/session?

Please list any periods of: Curricular Practical Training:

Optional Practical Training:

Please comment on any academic, financial, or other issues we should be aware of, or that would help us advise this student:

Signature of PDSO/SO

Print Name and Title of PDSO or DSO

Name and Location of Institution

PDSO/DSO's Telephone Number