

For International Students **Transferring to Emory University**

As part of the transfer process from your current U.S. institution to Emory University, the authorization below must be completed by your current International Student Advisor and returned to this office as soon as possible.

Complete this form only if 1) you are transferring from another institution in the U.S.; 2) you have received an admission letter from Emory University; and 3) you have decided that you will attend Emory University. If you do not know your SEVIS ID number and/or release date, please contact the Designated School Official at your current school (usually the international student advisor or the person who signed your current Form I-20). Please note that once your SEVIS record has been released to Emory University, your previous institution will no longer have access should you change your mind.

Name: _____
(Family Name) (Given Name) (Middle Name) Emory Major/ School

I will start my program at Emory University (Indicate year in blank): Fall _____ Spring _____ Summer _____

Birth Date (mm/dd/ yyyy): _____ Country of Citizenship: _____

Foreign Address: _____

City State/Province Postal Code Country

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

Phone: (____) _____ Email: _____@_____

Do you plan to leave the U.S. before returning to start school at Emory University? (circle one) Yes No
If yes, when is your departure date from the U.S.? _____

I request and authorize my present International Student Advisor (or USCIS Designated School Official) to provide the information below as part of my application for transfer to Emory University and to release my electronic SEVIS record to _____ University.
Signature: _____ Date: _____

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

1. **Current Immigration Status:** F-1 _____ J-1 _____ Name of J-1 sponsor: _____ J-1 Program Number _____ Other (please specify) _____ Permission to stay (Form I-94) valid until _____

Is the student in status? (Y/N) _____ If no, has a reinstatement application been filed? (Y/N): _____
Date of termination in SEVIS: _____

2. **Authorized Employment:**
Past Curricular Practical Training: _____ Full Time _____ Part Time; Dates of Employment: _____
Past/current Optional Practical Training: _____ Full Time _____ Part Time; Dates of Employment: _____ J-1 Academic Training: Dates of Employment: _____

SEVIS ID #: _____ **Release Date:** ____/____/____

Name and Title of Official Signature Date

Name and Address of Institution

E-mail Phone Fax

THIS FORM MUST BE RETURNED BEFORE FINAL ACTION CAN BE TAKEN ON YOUR TRANSFER. Undergraduate students send this form to the Emory College Admissions office: Scott Allen, Emory University Admissions, 200 B. Jones Center, Emory University, Atlanta, GA 30322. Fax: 404-727-4303. Phone: 404-727-6036. **Graduate and professional school students** send this form to the Graduate School of Arts and Sciences Admissions office: Tamika Hairston, Emory University Graduate School, Room 209, Administration Building, Mailstop 1000-001-1AF, 201 Dowman Drive, Atlanta, GA 30322. Fax: 404-727-4990. Phone: 404-727-6033.