



F-1 Student Transfer-In Notification

Part 1: Student name and signature:

Student's Name: _____ Number of dependents in the US: _____
(Given Name and Family Name)

Email address: _____ Telephone: _____

Check each item below as you read and complete:

_____ Requested release date: _____ This is the date that you want your previous school to release your records to ACU. The release date will terminate the student's ability to be employed on-campus at the previous school.

_____ I understand that I am required to attend the International Student Orientation at ACU and must enroll in a full load of courses at ACU in order to complete my transfer.

_____ I understand that any previous work authorization -- on-campus, off-campus, CPT or OPT -- are all terminated with the transfer of my SEVIS record to ACU.

_____ Family Educational Rights and Privacy Act: Permission to release information to Abilene Christian University. "I hereby authorize my previous institution to release such information to Abilene Christian University as is necessary to complete my SEVIS transfer."

Student's Signature

Today's Date

Part 2: Designated School Official. Transfer to Abilene Christian University at DAL214F00932000. Please fax to Abilene Christian University (fax: 325-674-2966)

Is this student in F-1 status with DHS and eligible to transfer? Yes _____ No _____
If no, please explain: _____

Transfer Release Date: _____

Name and title of "Designated School Official"

Signature

Date

School Name

Phone

Email