



International Student and Scholar Services

Transfer-IN Request Form
for F-1/J-1 Students
UofL SEVIS Code: NOL214F10718000
Exchange Visitor Program #:P-1-00478

Student Information:

Please complete and sign the release of information statement below and give this to a Designated School Official at the school which you currently attend.

1. NAME: LAST (FAMILY) FIRST MIDDLE

CURRENT MAILING ADDRESS: The address where you receive mail in the US.

Street or Post Office Box City State Zip Code

HOME COUNTRY ADDRESS:

Street or Post Office Box City State Zip Code

Telephone number: Email address:

2. Current visa status:

3. Please indicate the term and year you wish to enter UofL: Fall Spring Summer Year

4. Are you currently engaged in Optional Practical Training? Yes No
If yes, please attach a copy of your EAD card along with this transfer form.

5. Number of dependents residing in the U.S.

I grant permission for the information requested below to be released to the University of Louisville.

Student's Name (Please Print) Student's Signature Date

International Student Advisor:

The international student whose name appears on the top of this page is submitting an application for admission to the University of Louisville. We would appreciate your answering the following questions and verifying the information given by the student on this form. Please return this form as well as a copy of the student's current I-20/DS 2019 to:

International Student Advisor
University of Louisville, International Center or Fax: 502.852.7216
Louisville, KY 40292 Email: intcent@louisville.edu

1. Dates of enrollment at current institution: to

2. What is the completion date of the student: Graduation Date if applicable:

3. Is the student in good standing at your institution? Yes No
If no, please explain why in the comments section below.

4. Is the student currently engaged in Optional Practical Training or Academic Training? Yes No
If yes, indicate the period of employment:

5. Release date to the University of Louisville:

6. Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Institution Name and Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date