

*If **BACHELOR'S/INTO MASON IS CHOSEN**, please email form(s) to Undergraduate Admissions: world@gmu.edu
 For all other degree seekers, please email form(s) to Office of International Programs & Services: oipsadmi@gmu.edu

F-1 INTERNATIONAL STUDENT TRANSFER-IN FORM

SECTION I - TO BE COMPLETED BY STUDENT

Family/Last Name: _____ First Name: _____
 Date of Birth: _____ E-mail Address: _____
 G (number): _____

I will begin my program at George Mason: Year: 20____ Semester: Fall Spring Summer* (*INTO Mason non-degree only*)

By signing here you authorize your current DSO to provide George Mason University with the information requested below.

Student Signature: _____ Date: _____

SECTION II - TO BE COMPLETED BY AN INTERNATIONAL ADVISOR (DSO) AT YOUR CURRENT INSTITUTION

The student named above has applied for admission to George Mason University. If the student has an active SEVIS record, please complete this form so that we can determine the student's eligibility for transfer. Please note:

- We do not accept terminated SEVIS records.
- Please ask the student to show you an official letter of admission from George Mason University prior to processing the SEVIS transfer.

SCHOOL CODE	CAMPUS	MAJOR
WAS214F00683001	Arlington	All Law, LLM, MBA, MPA programs, all MS Management programs, MA Art Management, MS Real Estate, MS Peace Operations, MA International Commerce and Policy, MA International Security, MA Transportation Policy, MS and PhD Conflict Analysis & Resolution, MS and PhD Public Policy
WAS214F00683002	Science and Technology	BSN in Nursing, BS and MS in Athletic Training, BSED in Physical Education, MS in Exercise Fitness, MS and PhD in Bioinformatics and Computational Biology, MS Biology, MS Bioinformatics Management, PhD Biosciences
WAS214F00683000	Fairfax (Main Campus)	Please use for all other majors and degree programs (all INTO Mason programs)

Student's Current Immigration Status

1. SEVIS ID: N_____ Education Level: _____

2. What is the student's last date of attendance at your institution? ____/____/____ (mm/dd/yy)

3. Is the student currently in good standing and eligible to continue study at your institution? Yes No

If *No*, please explain: _____

4. Has this student been granted Practical Training? Yes No

If *yes*, type and dates. Curricular Optional From _____ to _____

SEVIS Release Date: ____/____/____

Name and Title of DSO: _____ Signature of DSO: _____

Date: _____ Phone Number/Email: _____