F-1 INTERNATIONAL STUDENT TRANSFER-IN FORM

SECTION I - TO BE COMPLETED BY STUDENT

Family/Last Name: ___________________________ First Name: ___________________________

G (number): ___________________________ E-mail Address: ___________________________

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.

<table>
<thead>
<tr>
<th>SCHOOL CODE</th>
<th>CAMPUS</th>
<th>MAJOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAS214F00683001</td>
<td>Arlington</td>
<td>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, MA and PhD Conflict Analysis &amp; Resolution, MS and PhD Public Policy</td>
</tr>
<tr>
<td>WAS214F00683002</td>
<td>Science and Technology</td>
<td>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</td>
</tr>
<tr>
<td>WAS214F00683000</td>
<td>Fairfax (Main Campus)</td>
<td>Please use for all other majors and degree programs (all INTO Mason programs)</td>
</tr>
</tbody>
</table>

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: ___________________________