

TRANSFER F-1 STUDENT STATUS



EVANGEL
UNIVERSITY

YOUR CALLING. OUR PASSION.

Students currently holding an F-1 Visa status and planning to transfer to Evangel University or AGTS must complete the transfer procedures through SEVIS. It is the student's responsibility to maintain his or her F-1 Visa status and to complete the transfer procedural instructions below.

TRANSFER PROCEDURAL INSTRUCTIONS

1. Apply to EU or AGTS on the respective website.
2. Once admitted to EU/AGTS, notify your current school of your intent to transfer.
3. Complete Section 1 of this form.
4. Have the Designated School Official (school administrator or international student advisor) at your current institution complete Section 2 of this form.
5. After you and your current school have determined the date to have your SEVIS record electronically released to EU/AGTS, promptly return this completed form to the EU International Student Coordinator.
6. After the release date, EU will produce a Form I-20. Unfortunately, EU cannot produce an EU Form I-20 until after the release date submitted by your current school.

SECTION 1 | To be completed by the student.

1. Surname/Family Name _____ Given Name _____
2. Semester for which you are applying to EU/AGTS Fall 20__ Spring 20__ Summer 20__
3. Date of Birth ____ / ____ / ____
4. EU ID#, if known _____
5. Will you travel out of the U.S. between attendances at the two schools? Yes No
If yes, please consult with your current advisor to determine if it is best to delay your release date until after your return. Dates of travel: from _____ to _____
6. I authorize the release of information on this form for the purpose of a school transfer.

Student Signature _____ Date _____

Return to: International Student Office, Evangel University, 1111 N. Glenstone Ave., Springfield, MO 65802 / Fax 417-575-5465/

International Student Office | +1 417-268-1041 | fax 417-575-5465 | mooreda@evangel.edu

SECTION 2 | To be completed by Designated School Official (DSO) **only after the student has been admitted and a release date has been established.**

1. Specific Release Date _____
2. Release to: Evangel University - KAN214F00172000
3. Did the student receive approval for a reduced course load? Yes No If yes, complete the following: Reason: Academic Medical Program Level & Dates _____
4. Did the student receive any practical training? Yes No If yes, complete the following: Reason: Full Part Type: Optional Curricular Program Level _____ Dates _____

As DSO, I verify the information above is accurate to the best of my knowledge.

Signature _____ Print Name _____
Date _____ Title _____
Name of School _____
Phone _____ Fax _____ Email _____

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