INTERNATIONAL STUDENT TRANSFER REPORT
For applicants in the United States on an F-1 Student Visa

Purpose - This form must be completed and returned to Concordia Theological Seminary before an I-20 can be issued. It is used to ensure that your visa status has been maintained as required by law.

Instructions - If you are in the United States on an F-1 Student Visa, please follow these steps:

1. Complete (type or print) Part A below
2. Attach photocopies of all I-20s that have been issued to you previously
3. After completing Part A, submit this form to your current international student advisor and ask her/him to complete Part B
4. The completed form and I-20 copies should be sent to the following address:

Concordia Theological Seminary
Attn: Leah Hanson
6600 N Clinton Street
Fort Wayne IN 46825
PART A: To Be Completed by the Applicant

Name: ____________________________________________________________________
last (family) middle first (given)

Country of Birth: ______________________ Date of Birth: ______________________

Country of Citizenship: __________________ Social Security No.: ______________

Date of Initial Entry into the United States OR Change of Status to F-1: __________

Expiration Date of Status: ______________

School Currently Attending: _____________________________________________

Current Mailing Address: __________________________________________

Current Phone Number: __________________________________________

I authorize the international student advisor at the United States institution I have most recently
attended to review the information provided above, as well as the attached document(s), and to
provide additional comments as requested on the back of this form.

_________________________  __________________________
Signature                        Date

PART B: International Student Advisor’s Report

Instructions: Please answer the following questions and return the completed form to the
address given on the front of this form. Thank you for your assistance!

1.  Is the information provided by the student complete and accurate according to your institution’s records?
    Yes    No   Please comment:

   ________________________________________________________________

2.  Is this student currently “in status” according to government regulations?
    Yes    No   Please comment:

   ________________________________________________________________

3.  Has the student had any difficulties maintaining his/her F-1 visa status, and/or needed to be reinstated?
    Yes    No   Please comment:

   ________________________________________________________________

5.  Has the student had any authorized periods of practical training?
    Yes    No   Please indicate type and specific dates:

   ________________________________________________________________

6.  What was the student’s last date of attendance at your school?

   ________________________________________________________________

7.  To your knowledge, what will be the student’s last date of attendance at your school?

   ________________________________________________________________
8. Has the student experienced any financial problems while attending your institution?  
☑ Yes ☐ No  Please comment:
____________________________________________________________________________________________

9. Has the student experienced any unusual adjustment problems while attending your institution?  
☑ Yes ☐ No  Please comment:
____________________________________________________________________________________________

10. Release date for student in SEVIS: _____________________  
For students being transferred to ________________ campus please use school code ________________

Additional Comments:

Printed Name and Title of Designated School Official ________________________________________________

______________________________________________________________________________________________

E-mail Address: ______________________________________________________________________________

Name & Address of Institution: ___________________________________________________________________

______________________________________________________________________________________________

Phone Number: ___________________ Fax #: ___________________  

DSO Signature: ______________________ Date: ___________________

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