



Transfer In Form

Eligibility Confirmation Form for School Transfer

- This form is required of all international students currently in the U.S in F-1 Status.
- After receiving a letter of admission from Southeastern Baptist Theological Seminary, the student must complete this form and give it to a Designated School Official (DSO) at the student's current or previous school to complete, sign and return to SEBTS.
- After SEBTS receives this form and reaches the Transfer Release Date, we will issue the Initial Form I-20. An Active I-20 will be issued after classes begin.
- If the student or former school's Designated School Official (DSO) has any questions about the transfer process, please call Southeastern's International Student Coordinator at 919-761-2322 or email at cdoane@sebts.edu.

Section A: To be Completed by the Student

- ☐ Name: _____ _Male _Female
- ☐ Proposed Start Date- Year _____
- Spring
 - Fall

I authorize my current/previous school to provide Southeastern Baptist Theological Seminary with information regarding my immigration status:

Student: _____ Date: _____

Section B: To be Completed by the Designated School Official (DSO)

The student referred to above wishes to transfer to Southeastern Baptist Theological Seminary (ATL214F10266000). Please return the information to cdoane@sebts.edu or give to the student to return to SEBTS.

Education Level: _____ Dates of Full-time Enrollment: ____/____/____ - ____/____/____

SEVIS ID#: N _____ Release Date: ____/____/____

_Yes _No: The aforementioned student: (1) Has been enrolled in Full-time study, (2) is considered to be maintaining lawful F-1 status, and (3) is eligible to transfer.

_Yes _No: This student is not eligible to transfer because he/she is out of status and has been advised to apply for reinstatement. If in COMPLETED or TERMINATED status, please contact SEBTS before transferring student record.

Authorized Curricular (CPT) and/or Optional Practical Training Dates (OPT) ____/____/____ - ____/____/____

Comments on status, academic, attendance or disciplinary actions : _____

DSO Name: _____ DSO Signature: _____

Phone: _____ Email: _____

School Name: _____

School Address: _____