



University of Pittsburgh Johnstown

Office of International Services

450 Schoolhouse Road
G-04 Student Union
Johnstown, Pennsylvania 15904
814-269-7980
Fax: 814-269-7978

F-1/J-1 STUDENT TRANSFER-IN FORM

FROM: Office of International Services

RE: Request for Transfer to the University of Pittsburgh at Johnstown

Please sign the release of information statement below and give this form to a Designated School Official/Responsible Officer/International Student Advisor at the school you now attend or most recently attended:

I grant permission for the information requested below to be released to the University of Pittsburgh PHI214F10188003.

Student's Name (Please Print)

Student's Signature Date

THIS SECTION TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL ONLY

The above named student has requested an immigration transfer to the University of Pittsburgh (Pitt). In compliance with BCIS regulations, the Office of International Services requests confirmation of the above named student's current status for transfer to Pitt. **Please complete the following and fax to the Office of International Services at 814.269.7978**, along with a copy of the student's most recent Form I-20/Form DS-2019, as soon as possible. Thank you for your cooperation.

1. Dates of enrollment at your institution: _____ to _____

2. Check all that apply:

- The student is in good standing and is/has been pursuing a full course of study.
- The student is not in good standing and/or has not been pursuing a full course of study.
- Other: _____

3. Please indicate type and duration of any curricular practical training, optional practical training, or academic training authorized/recommended:

4. Is the student currently in SEVIS? _____ Yes _____ No

If yes, please release the student's SEVIS Record to "University of Pittsburgh" for F students and "P-1-00048" for J Students.

Indicate "release date" (F) or "transfer effective date" (J) entered in SEVIS: _____

Student's SEVIS ID: _____

Name & Title of PDSO/DSO/RO/ARO Completing This Form

Signature Date

Name of Institution

Telephone Number or Email address