

Office of International Relations & Global Engagement

1200 University Street, Unit 9519 Spearfish, South Dakota, USA 57799-9519 <u>International@bhsu.edu</u> Phone: 1-605-642-6942 Fax: 1-605-642-6254

Transfer-In Request Form

Please complete this form if you are intending to transfer to Black Hills State University from another U.S. institution in F-1 or J-1 status. Section I is to be completed by you as the student. Please ask your international student adviser to complete Section II. The adviser will then email this form along with a copy of the student's current I-20 or DS-2019 to international@bhsu.edu.

SECTION I: TO BE COMPLETED BY TRANSFER STUDENT

Full Name:					
Address:	Family Name		First Nai	me	
	Street Address				
City	State/Province		Country	V	Postal Code
Email Address:					
Phone Number:		Curr	ent Status:	🛛 F-1	🗆 J-1
Intended Program:					
I have applied to BHSU for the and authorize release of the fol		Fall 🛛 Sprin	gYe	ear	
Student Signature:			Dat	e:	
SECTION II: TO BE COMPL	ETED BY INTERNA	ATIONAL S	TUDENT AD	VISER	
SEVIS ID#:	U-Spearfish, use code SPM	Tra 1214F00184000,	Insfer Release E	Date: City, use code :	SPM214F00184002
Student's dates of enrollment a	t your institution:		to	0	
Student's Program: 🛛 Academi	c English Training	□ Bachelor	□ Master	□ Other:	
Has the student been authorize Has the student been authorize Has the student maintained val Is the student eligible to return	ed for CPT or academ id status of their F-1	nic training?		s □No s □No	
If yes, please explain:					
Additional comments:					
The information above is true t	o the best of my kno	wledge.			
Signature:		Date:	Title	::	
Printed Name:			mail Address: _		
School Name:	me:		ity and State: _		