

## Office of International Relations & Global Engagement

1200 University Street, Unit 9519 Spearfish, South Dakota, USA 57799-9519

International@bhsu.edu 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 <a href="mailto:international@bhsu.edu">international@bhsu.edu</a>.

## **SECTION I: TO BE COMPLETED BY TRANSFER STUDENT**

Full Name:					
Address:	Last/Family Name		First Name	re	
	Street Address				
City	State/Province		Country		Postal Code
Email Address:					
Phone Number:		Curre	nt Status:	□ F-1	□ J-1
Intended Program:   Campus you will be atte	Academic English Training 🛭 🗎 ending: 🖺 BHSU - Spearfish	] Bachelor □ BHSU -	☐ Master – Rapid City		
I have applied to BHSU and authorize release o	for the following term:     Fall   Fa	I □ Spring	Yea	nr	
Student Signature:			Date	::	
SECTION II: TO BE C	OMPLETED BY INTERNATI	IONAL ST	UDENT ADV	/ISER	
SEVIS ID#:	ng to BHSU-Spearfish, use code SPM214	Tran 4F00184000; i	nsfer Release Da If to BHSU-Rapid Ci	ate: ity, use code S	 SPM214F00184002
Student's dates of enrol	llment at your institution:		to		
Student's Program: 🛘 A	cademic English Training 🛛 🛭 🗈	Bachelor	□ Master	□ Other:	
Has the student been at Has the student maintain	uthorized for reduced coarse lo uthorized for CPT or academic t ined valid status of their F-1 or o return to your institution?	training?	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No	
If yes, please explain:					
Additional comments:_					
The information above i	is true to the best of my knowle	edge.			
Signature:	Da	ate:	Title:		
Printed Name:	Email Address:				
School Name:		Cit	y and State:		