

Transfer of I-20 Form

Transfer applicants who complete financial certification please submit the following:

1. copy of current I-20
2. copy of visa
3. official bank statement
4. copy of I-94

Freshmen applicants attending high school in the United States and **transfer applicants** attending college in the United States who plan to remain in the United States prior to entering Virginia Tech need to complete this form and mail to: Office of Undergraduate Admissions, Virginia Tech, 201 Burruss Hall, Blacksburg, VA 24061, USA.

Date: _____ U.S. Social Security Number (if you have one): _____ / _____ / _____

Name: _____

Please sign the Release of Information form below and give it to your foreign student advisor at the school you now attend or most recently attended.

RELEASE OF INFORMATION

I grant permission for the information requested below to be released to Virginia Tech.

 Applicant's Signature

TO: INS Designated School Official

The above-named student has applied for admission to Virginia Tech. In compliance with INS regulations effective May 22, 1987, we request confirmation of his/her status at your institution before approving transfer of the I-20 to Virginia Tech. Please complete the following and return to the Cranwell International Center, Virginia Tech, Clay Street, Blacksburg, Virginia 24061.

1. Current Immigration Status:

- I-20 or IAP-66 Completion Date on Document _____ I-94 Expiration Date _____
- Exchange Visitor Program # _____ Category _____
- The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by INS).
- The student is out of status and a reinstatement to student status was filed on _____ at INS District: _____ and is pending. (Please enclose copies of documents filed with INS.)
- The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20AB from Virginia Tech.
- The student demonstrates that he/she has reimbursed the local educational agency that administers the school for the full, unsubsidized per capita cost of providing education at such a school for the period of the student's attendance.
- Other: _____

2. Date of last attendance at your school _____

3. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated:

Curricular _____ Optional _____ J-1 Academic _____

 Name and Title of Designated School Official Completing Form

 Signature

 Name of Institution

 Date

 Address

 Telephone Number