

**INTERNATIONAL STUDENTS SERVICES**  
3000 NW 83rd Street  
Building S, Room 310  
Gainesville, FL 32606  
Phone 352-395-5607/Fax 352-395-4484  
[international@sfcollge.edu](mailto:international@sfcollge.edu)



**F-1 TRANSFER-IN FORM**

All F-1 students transferring from another institution in the United States are required to submit this form with their application to be admitted to Santa Fe College.

**Part 1: To be completed by the student**

1. Student's Full Name: \_\_\_\_\_
2. Santa Fe Student ID #: \_\_\_\_\_
3. My first semester at Santa Fe College will be:  
 Spring/Year: \_\_\_\_\_       Summer/Year: \_\_\_\_\_       Fall/Year: \_\_\_\_\_

I intend to transfer to Santa Fe College and give permission for the following information to be disclosed to Santa Fe College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: To be completed by the International Student Advisor at your previous institution:**

1. SEVIS ID Number: \_\_\_\_\_
2. Dates of attendance (mm/dd/yy) From: \_\_\_\_\_ To: \_\_\_\_\_
3. Expected SEVIS transfer release date (mm/dd/yy): \_\_\_\_\_ (Do not release without proof of admission)
4. Level of study at your institution:  
 Language  
 Associate  
 Other: \_\_\_\_\_
5. Has this student ever experienced financial difficulties while enrolled?    Yes    No  
If yes, please explain: \_\_\_\_\_
6. Did the student attend another U.S. institution before yours?    Yes    No
7. Is this student eligible to continue at your institution?    Yes    No
8. To the best of your knowledge, did this student comply with all USCIS regulations while enrolled at your institution?    Yes    No  
(We do not accept students who are out of status).
9. Has this student had periods of practical training?    Yes    No    CPT dates: \_\_\_\_\_    OPT dates: \_\_\_\_\_

Comments: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Designated School Official's Name: \_\_\_\_\_ DSO's Signature: \_\_\_\_\_