



Transfer Instructions and Request Form

Please complete this form and submit it to your current international student advisor with a copy of your ACU acceptance letter to request your transfer. **Please do not request a transfer until you have received your admission letter from ACU.**

Name: _____
Given Name Last / Family Name

Date of Birth: _____
MM / DD / YYYY

SEVIS ID Number: _____
"XXXXXXXXXX" on top of I-20/
DS2019

ACU Program Start Date: _____
MM / DD / YYYY

Will you travel out of the country before starting your program at ACU? Yes
 No

If yes, please provide the date you will leave the country: _____
MM / DD / YYYY

Please transfer my F-1 SEVIS record to:
Abilene Christian University (DAL214F00932000)

Please transfer my J-1 SEVIS record to:
Program Number P-1-05948

Best Contact Phone: _____

Best Contact Email: : _____

Student Signature: _____

Date: _____

MM / DD / YYYY

TRANSFER INSTRUCTIONS FOR SCHOOL OFFICIAL

ACU does not require fellow DSO/ROs to complete and return transfer forms. If the student is in **active** status, please release the student's record on the appropriate date. If the student has indicated s/he will be traveling outside the U.S. before starting at ACU, we would appreciate a release date at least 2 weeks in advance of the leave date, when at all possible.

If the student is **out of status** and will require a reinstatement, please contact the Immigration Specialist: lucy.dawson@acu.edu or 325-674-2237.