

Intent to Transfer Notification

for F-1 Students currently in the U.S.A.



OFFICE OF ADMISSIONS
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LINDSBORG, KS 67456
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SECTION 1: To be completed by the transferring student

Last name First name Date of Birth MM/DD/YY

Home country address (street, street number, postal code, city, country)

E-mail address U.S. phone number

Semester admitted to Bethany College: Fall 20____ Spring 20____ Interterm 20____

I intend to transfer to Bethany College in Lindsborg, Kansas. I grant permission for the information requested below to be forwarded to Bethany College. (SEVIS code: KAN214F00051000)

Signature: _____ Date: _____

SECTION 2: To be completed by Designated School Official (DSO) at the student's current or most recent institution. Only complete if the student has been admitted to Bethany College and a release date has been established.

Student SEVIS ID SEVIS Transfer Release date MM/DD/YY to KAN214F00051000

Dates of full time enrollment: _____ to _____

Did the student attend another U.S. institution prior to yours? Yes No

Has the student met all financial obligations at your institution? Yes No

Did the student receive any practical training? Yes No

If yes: Full time Part time Curricular Optional Dates: _____

Did the student receive approval for reduced course load? Yes No

If yes: Medical Academic Dates: _____

To the best of our knowledge, the student has acted in accordance with USCIS regulations and is eligible for transfer under the school transfer procedure. Yes No

Comments: _____

Name of institution: _____

Address: _____

DSO Signature DSO Printed name

Title Date Phone number