



VALDOSTA STATE UNIVERSITY
CENTER FOR INTERNATIONAL PROGRAMS

TRANSFER-IN VERIFICATION FORM

SCHOOL CODE ATL214F00227000

SEVIS ID# _____ Name _____
last first

Date of Birth _____ (mm/dd/yy) Country of Citizenship _____

Gender male female

Email _____ Phone # _____

Dates you have attended your current institution _____
from to

What is your academic level? _____
 (freshman, sophomore, junior, senior, graduate)

What is your program of study? _____

Do you have a second program or minor? If yes, what is it? _____

Estimated graduation date: _____ (semester, year)

Name of your current institution _____

School Code _____

Name and Title of DSO _____

Email _____ Phone # _____

Record release date: _____ (mm/dd/yy)

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge.

_____ signature

_____ date

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