

**\*COMPLETE THIS FORM ONLY IF YOU HAVE COMMITTED TO  
TRANSFER TO UTA**

**UTA SCHOOL TRANSFER FORM**

**Section 1- Student Information: To be completed by the student**

Name: Last (Family) \_\_\_\_\_ First \_\_\_\_\_

UTA ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Indicate below your expected semester and year of expected date of and enrollment at UT-Arlington:  
September-Fall 20 \_\_\_\_ Spring-January 20 \_\_\_\_ Summer-June 20 \_\_\_\_

Permanent (Foreign) Home Country Address: \_\_\_\_\_

\_\_\_\_\_

**Section II- Institution Information: To be completed by the International Office**

Institution Name: \_\_\_\_\_

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

SEVIS ID Number: \_\_\_\_\_

Enrollment Dates: beginning date (semester/year): \_\_\_\_\_ ending date (semester/year): \_\_\_\_\_

Please check appropriate statement:

\_\_\_\_ Enrolled full-time & eligible for notification of transfer

\_\_\_\_ Application for reinstatement filed on (date) \_\_\_\_\_ at the INS  
(Please enclose a copy of the reinstatement application)

\_\_\_\_ Out of status. Semester of last enrollment was \_\_\_\_\_

\_\_\_\_ Approved for practical training from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Name & Title of International Office Representative completing this form

Date form completed: \_\_\_\_\_

This student is released in SEVIS effective \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

**You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.**

**RETURN FORM TO: UT-Arlington Graduate Admissions  
UTA Box 19167  
Arlington TX 76019 OR  
Fax: 817-272-1494**

