

To **Student**: If you are coming to Knox College from another college in the U.S. without leaving the country, Knox College will use the information on this form issue you a Knox form I-20. If your will be travelling outside the U.S., you will need a Knox form I-20 to return to the U.S. Please complete Section A of this form and request that the international student advisor at the institution you are presently attending or most recently attended complete Section B.

Please note that Knox College will be able to issue your new SEVIS I-20 once we receive complete financial documents, the completed transfer report has been submitted, and after your previous school's SEVIS "release date" has been reached.

Upon receiving your I-20 please note the program start date listed on the document. Please arrive on campus for orientation no later than the program start date.

Section A

To Be Completed by Student—Please write legibly or type.

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

**Date of birth (mm/dd/yyyy)** \_\_\_\_\_ **Present/Most Recent U.S. School:** \_\_\_\_\_

**Present U.S. Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Current Immigration Status:** \_\_\_\_\_

I authorize a DSO at \_\_\_\_\_ (current school) to provide information regarding my F-1 status.

**Practical Training Received: [List all previously authorized CPT or OPT; indicate full-time or part-time]**

A.  Full-Time  Part-Time From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  CPT  OPT

B.  Full-Time  Part-Time From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  CPT  OPT

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

Section B

To Be Completed by International Student Advisor—Please write legibly or type.

- **SEVIS ID:** \_\_\_\_\_ **Release Date:** \_\_\_\_\_
- **Is the student eligible for a transfer?**  yes  no
- **Has the student maintained his/her non-immigrant status?**  Yes  No

If no, please specify reason: \_\_\_\_\_

- **DSO Name [printed]:** \_\_\_\_\_

\_\_\_\_\_  
 DSO Signature Date

- **Name and Address of Institution:** \_\_\_\_\_

\_\_\_\_\_

- **DSO E-mail:** \_\_\_\_\_ **DSO Phone:** \_\_\_\_\_

**Send completed form to:**