



TRANSFER SCHOOL I-20 FORM

Together with this form, please submit a photocopy of your current I-20 Form, Passport, Visa, and I-94

INSTRUCTIONS for Student:

- 1. You are required to fill out, sign and date the upper section of this form.
2. You must submit this form to your current school with a copy of the acceptance letter from the Academy of Art University.
3. Your current school International Advisor will complete the lower section of the form and FAX it to our office.

Student's Name: (Please PRINT) Last/Surname Name First/Given Name Middle Name

Birth Date: (month/day/year): Phone: Email:

Your U.S. Address: City: State: Zipcode:

I am a new student. I studied at AAU before and I'm a returning student. I'm currently on OPT until

I've applied for (Circle One): AA | BFA | 2nd BFA | MFA | M.ARCH | Certificate (120 units) Continuing Education (Non-Degree)
BFA in Art Education | MA in Art Education | BA in Multimedia Communications | MA in Multimedia Communications

I've submitted my application for (write the YEAR): Spring Summer Fall

Are you going to travel outside of the U.S. before coming to study at the Academy of Art University?

Yes If yes, when? No

Is your F-1 visa still valid? Yes No

Student's Signature, (date), grants permission for the information requested below to be forwarded to the Academy of Art University.

To International Student Advisor: The student named above has applied for admission and transfer to the Academy of Art University. Please provide the information requested below and FAX this form to our office once the SEVIS Released Date has been determined

International Office, Academy of Art University, 79 New Montgomery Street, San Francisco, CA 94105.

Phone: (415) 274-2208 FAX: (415) 618-6278. Email: intladmissions@academyart.edu

- Admission # (on I-94):
To the best of your knowledge, has this student maintained compliance with his/her F-1 status?
Yes If NO, please explain:

- Attendance: Started Date: Term Completion Date:
SEVIS Released Date: Expected date of graduation or end of program:
Optional Practical Training: No Yes: Part-time Full-time From To:
Has this student met all financial obligations? Yes No
Comment:

Signature: Date:

Name & Title:

Institution:

Address:

Office Phone #: ()

E-mail Address:

School File #: 214F -

Please seal and stamp inside this box. INVALID without the School Seal and Stamp.