Transfer Form
(International Students Currently Attending another SEVP Certified School)

Current School Information: (Transfer-Out School)
Name of Current School: _________________________________
Name of Current School as it Appears in SEVIS: _________________________________
School Code: _________________________________
Address of Institution: _________________________________

New School Information: (Transfer-In School)
Name of Current School as it Appears in SEVIS: Academy of Oriental Medicine, Austin (AOMA)
School Code: SNA214F52657000
Address of Institution: 4701 West Gate Blvd. Austin, TX 78745

To be completed by a Designated School Official at Transfer-Out School:

Student Name (as printed on passport): _________________________ / _________________________ / _________________________
Family Name First Name Middle Name

Student SEVIS ID: _______________________________ Transfer Release Date: ____/____/______

1. Current Visa Type: ______
2. Completion date on current Form I-20: _________________________________
3. Student Status:
   a. ☐ The student is in good standing and is/has been pursuing a full course of study since assuming a valid non-immigrant student status.
   b. ☐ The student is out of status and will need to apply for reinstatement
   c. ☐ Other: _________________________________

4. Has current school taken any disciplinary action on this student?
   ☐ Yes: _________________________________ ☐ No

5. Date of last enrollment at current school: _________________________________

6. Periods of authorized Curricular Practical Training:
   __________________________________________
   __________________________________________

7. Periods of authorized Optional Practical Training:
   __________________________________________
   __________________________________________

DSO Information:

Name/ Title: _________________________________
Email: _________________________________
Phone: (______)

Signature: _________________________________ Date: _________________________________