Transfer-In Form for F-1 Students

Dear Prospective Faith Theological Seminary (FTS) Student,

In order to prepare your FTS SEVIS Form I-20, FTS needs information from your current Institution. Please sign below giving permission to your current school to release the following information about you for transfer.

Last Name: ______________________________________ First Name: ______________________________________

Email: ______________________________________ Phone: ______________________________________

Signature: ______________________________________ Date: ________________

Your signature authorizes your current school’s DSO to provide the requested information to FTS.

Dear International Student Advisor (DSO),

The above student has been accepted by Faith Theological Seminary. To facilitate the transfer process, please provide the following information, confer with the student and determine the SEVIS Release Date. Our SEVIS name: Faith Theological Seminary. Our School Code: BAL214F51598000.

1. SEVIS ID: ______________________________________ Release Date: ________________

2. Please indicate any Curricular Practical Training (CPT) and Optional Practical Training (OPT) period authorized to the student while attending your Institution:
   a. CPT from ___________ to ___________ PT or FT ___________
   b. OPT from ___________ to ___________ PT or FT ___________

3. Please check one of the following:
   ☐ The student is maintaining a full course of study and is in good status to the best of my knowledge.
   ☐ The student is out of status and a reinstatement to student status is pending.
   ☐ The student is out of status and will be advised to apply for reinstatement upon receipt of a new I-20 from Faith Theological Seminary.

4. If student is out of status, please explain: ______________________________________

5. Beginning date of attendance at your Institution: ______________________________________

6. Ending date of most recent completed semester/term: ______________________________________

Name and Address of Institution (Print): ______________________________________________________

Name of DSO Completing Form (Print): _______________________________________________________

Signature of DSO: ______________________________________ Date: ________________

Email of DSO: ______________________________________ Phone: ______________________________________

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