



**Southeast Arkansas College  
Office of Admissions  
1900 Hazel  
Pine Bluff, AR 71603**

**Transfer Out/In Form for International Students**

According To BCIS (Bureau of Citizenship and Immigration Services), the Principal Designated School Official (PDSO) is required to ensure that all International Students are cleared with this College and the following offices.

**Before an I-20 can be transferred Through Sevis (Student Exchange & Visitor Information System) To another Institution.**

**To Be Completed By the Student**

Student Name _____		
(Last)	(First)	(Middle)
Address _____		
_____		
_____		
Telephone# _____		
Student ID# _____ Social Security Number # _____		
Degree Pursuing:	Associate of Arts Degree	
	Associate of Applied Science Degree	Major _____
	Technical Certificate	
Reason for Transfer _____		
_____		
_____		
_____		
For Office Only		
To Transfer Out/In of SEARK, We Will Need A Copy Of Your Letter Of Admission To The Institution Or University That You Are Transferring To.		
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(Name of Receiving Institution)	Letter of Admission on File	Semester/Year of Transfer
Admissions & Academic Records _____	Appropriate Signature _____	Date _____
Business Office _____	Appropriate Signature _____	Date _____
Dean/Advisor _____	Appropriate Signature _____	Date _____
<b>After the appropriate Signature are obtained, please submit this form back to the OIP, Two (2) Weeks Prior To Your Expected DATE of TRANSFER</b>		