Revised: July, 2012



SEVIS Transfer Form

For International Undergraduate & Graduate Students

UNIVERSITI	
I. Applicant Information (Please Print)	
Applicant's Last (Family) Name (As it appears on Passport): First (Given) Name	
II. Student and Exchange Visitor Information System (SEVIS)	
In order to attend Shippensburg University, this form is necessary to release your SEVIS information from your current institution. Please sign this form and give it to your fore advisor at the school that you currently attend or most recently attended.	eign student
By signing this form, I grant permission for the information requested below to be released to Shippensburg University of Pennsylvania.	
Signature of Applicant: Date (Month/Day/Year):	
III. Designated School Official (This section is to be completed by the institution's designated Foreign Student Advisor)	
This form signifies that the above named student has qualified academically for admission to Shippensburg University of Pennsylvania. We request confirmation of his/her state	us at your
Institution before approving their transfer to Shippensburg University. Please complete the area below and return this form to the Office of Admissions, Shippensburg University.	ity, 1871 Old
Main Drive, Shippensburg, PA 17257-2299.	
A. What is the student's current Immigration Status?	
B. What is the completion date on the document?	
C. What is the student's I-94 Number?	
D. Category	
E. Please indicate this student's last date of attendance at your institution:	
F. Please indicate the dates of any particular training (academic, curricular, optional) in which the student has participated:	
Academic:/ to/	
Curricular:/ to/	
Optional:/ to/	
Please indicate which of the following best describes the students current status.	
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This student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by the USCIS) Yes No	
This student is out of status and a reinstatement to student status was files onat USCIS (District) and is pending.	
Yes (Please enclose copies of documents filed with USCIS) No	
This student is out of status and we will advise him/her to apply for re-instatement. Yes No	
Other (Please explain):	
IV. Please provide the requested contact information below, sign and date the form.	
TV. Please provide the requested contact information below, sign and date the form.	
Name and Title of Official Completing This Form (Please Print) Signature of Official Completing this Form	orm
Name of Institution Date (Month/Day/Year)	
Address of Institution Telephone Number	