



# SEVIS Transfer Form

For International Undergraduate & Graduate Students

## I. Applicant Information (Please Print)

Applicant's Surname (Family) Name (As it appears on Passport): \_\_\_\_\_ First (Given) Name \_\_\_\_\_

Shippensburg University ID Number (600XXXXXX) \_\_\_\_\_ Applicant's Gender \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

U.S. Address: \_\_\_\_\_

## 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 foreign student advisor at the school that you currently attend or most recently attended.

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 status at your institution before approving their transfer to Shippensburg University. Please complete the area below and return this form to the Office of International Programs, Cedia Union Building Room 221, Shippensburg University, 1871 Old Main Drive, Shippensburg, PA 17257-2299.

A. What is the student's current Immigration Status (F1, F2)?: \_\_\_\_\_

B. What is the program end date on the student's current I-20? \_\_\_\_\_

C. What is the student's SEVIS ID Number? \_\_\_\_\_ Release Date in SEVIS: \_\_\_\_\_

D. Please indicate this student's last date of attendance at your institution: \_\_\_\_\_

E. Please indicate the dates of any particular training (Curricular, optional) in which the student has participated:

Curricular: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Optional: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate which of the following best describes the student's current status.

Does the student have an outstanding balance: Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

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 filed on \_\_\_\_\_ at 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.

\_\_\_\_\_  
Name and Title of Official Completing This Form (Please Print)

\_\_\_\_\_  
Signature of Official Completing this Form

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date (Month/Day/Year)

\_\_\_\_\_  
Address of Institution

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Official's Email Address