



*** O U F S O A B U V J E F O B M 4 F S W J D F T**
SEVIS VERIFICATION FORM

To the Applicant: All international students in Student (F-1) Status who are transferring from other U.S. institutions are required to submit a proof of eligibility to transfer. Please fill out the information below and give this form to the International Advisor (PDSO/DSO) where you are currently enrolled or last attended.

STEP 1 Applicant Completes

Applicant's Name	Surname	Given Name
Current Address	Street	City
Postal Code	Telephone	

Foreign Address for I-20 Shipping Purposes

" E E S F T T	\$ J U Z	1 S P W J O D F 5 F S S J S P S Z
1 P T U B M \$ P E F	\$ P V O U S Z	Telephone

Intended Program of Study

By signing below, you grant permission to your current institution PDSO/DSO to provide the requested information to P M M F H F.

Student Signature	Date
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STEP 2 International Advisor (PDSO/DSO) Completes

Has the student been approved for any pre- or post-completion Optional Practical Training? No Yes
 If "Yes," please indicate dates ' S P N 5 P

Is the student currently IN STATUS with SEVIS? No Yes

If "No," please explain _____

Anticipated "Transfer Out Date" upon receiving an acceptance letter from) P Q F \$ P M M F H F

) P Q F \$ P M M F H F's SEVIS code to transfer the student's SEVIS record: % & 5
 If the student is P O % 4 T U V E F O U h T SEVIS record should be transferred to 1

Name of DSO (printed)	DSO Email	DSO 1 I P O F
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Signature of DSO	Date
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Please Return To: J O U M B E W J T P S ! I P Q F F E V