

SEVIS TRANSFER FORM

TO THE INTERNATIONAL STUDENT: Please complete the information in Section I and submit this form to the International Student Advisor at your present/last school attended.

TO THE DSO/INTERNATIONAL STUDENT ADVISOR: The U.S. Citizenship and Immigration Services requires international students who wish to transfer to another Service-approved school to be updated as such in the SEVIS system. The purpose of this form is to assist our office in ensuring a smooth SEVIS transfer process for the following international student. Please complete Section II and return to Creighton University – Office of International Programs at the address above.

SECTION I (to be completed by student)

Last Name	First Name	Middle Name	I-94 Admission #
Country of Citizenship	Date of birth (mm/dd/yy)	Social Security # (if applicable)	
E-mail	Current Phone Number		
Intended Transfer Semester & Year: FALL: _____		SPRING: _____	
Year	Year		

I hereby authorize the International Student Advisor or DSO to provide the information below as part of my application for admission to Creighton University.

Signature _____ Date _____

SECTION II (to be completed by International Student Advisor)

SEVIS release date: _____ SEVIS ID# _____

Student's Visa Type: (Circle one) F-1 J-1 Major & Degree Program _____

Has or will student complete degree program? (Date) _____

Please check and complete all that apply:

This student has been maintaining visa status and is eligible to transfer.

This student is out of status and a reinstatement to student status was filed on (date) _____ with the USCIS in (place) _____, and is pending.

This student is out of status and must file for reinstatement. Please attach explanation.

This student is in Optional Practical Training: **Beginning date** _____ **Ending date** _____

This student has previously been granted practical training (curricular or optional). Please specify type and dates below:

Other comments: _____

Advisor/DSO Signature	Advisor/DSO Printed Name
Advisor/DSO Title	Advisor/DSO e-mail
	Date

SCHOOL NAME _____ PHONE # _____

SCHOOL ADDRESS _____ FAX # _____

City _____ State _____ Zip Code _____