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 ___________