



SEVIS RECORD TRANSFER REQUEST FORM

This SEVIS transfer form and process must be completed for any F-1 applicant whose last date of I-20 attendance at a previous U.S. school is within 5 months of when they plan to start at Emmanuel. This form should be completed even if the applicant is going abroad between schools, unless the student will be physically absent from the U.S. for over 5 months.

TO BE COMPLETED BY THE STUDENT:

Name: _____
Family name (as it appears on your passport) Given name Middle name

Date of Birth: ____ / ____ / ____ **Telephone:** _____
Month Date Year

Email Address: _____ **I-94 #:** _____

Do you plan to leave the U.S. between now and when you will begin at Emmanuel? Yes No

I authorize for the information below to be sent to Emmanuel College. _____
Student's Signature

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO):

This form must be submitted to Emmanuel by the current DSO. Please confirm the status of the above-mentioned student, and email the completed form to internationalstudents@emmanuel.edu and transfer the student's SEVIS record to: Emmanuel College, BOS214F00129000.

- Institution Name and Location** _____
- Student SEVIS ID #** _____
- Student's SEVIS "Transfer Release Date"** _____
- Start Date of Attendance at Institution** _____
- End Date of Attendance at Institution** _____
- Periods of CPT or OPT, if applicable** _____

| | YES | NO |
|--|-----|----|
| Is the information provided by the student correct? | | |
| To the best of your knowledge, is this student currently maintaining lawful USCIS regulations? | | |
| Is/was the student pursuing a full-course of study? | | |

If "No" to any of the above, please explain below or provide any other information we should be aware of to help advise this student _____

Printed Name and Title of DSO

Signature of DSO

DSO Phone Number

DSO Email Address