SUPPLEMENTAL SEVIS TRANSFER FORM

INTERNATIONAL STUDENT: Please complete Part 1 of this form and submit to your former International Student Advisor at your previous school.

DSO/INTERNATIONAL STUDENT ADVISOR: Regis University is seeking the following student’s status. Regis University needs to assure that the student was in proper status in accordance with INS regulations. Please complete Part 2 of this form and return it to the Regis University Office of the University Registrar at your earliest convenience. PLEASE NOTE: Completion of this form alone does not authorize the transfer of this student in the SEVIS system! Our office will contact you once the student has been admitted to our institution. Thank you for your assistance.

Part 1 (To be completed by the student)

Last name                                                               First Name                                                               Middle Name
I-94 Number                                                             Country of Citizenship                                                      Birth date
Social Security #                                                        Phone Number

I hereby authorize the International Student Advisor (or equivalent university official) to provide the information below as part of my application for Regis University:

Signature:                                                                Date:

Part 2 (To be completed by International Student Advisor)

Please check and complete all that apply:

_____ This student is in good standing and is/was enrolled in a full course of study until (date) ____________.

_____ This student is out of status and a reinstatement to student status was filed on (date) ____________ with the INS in (location) ______________, and is pending. Send copies of this documentation to Regis University.

_____ This student is out of status and must file for reinstatement through the INS. (Include explanation.)

_____ This Student is in Optional Practical Training beginning (date) ____________ and ending (date) ____________.

_____ This student has previously been granted practical training; please specify types(s) and date(s) ____________.

Additional comments: ____________________________________________________________

______________________________________________________________________________

DSO Signature                                                               DSO Name
DSO Title                                                                 Date
School Name

School address                                                              City/State/Zip
Phone Number

DSO Email address of school transferring from                               School Fax Number

Revised 2/10/12