Office of International Admission
University of Denver
2197 S. University Blvd, Suite 101
Denver, CO 80208
Phone: (303) 871-2790 Fax: (303) 871-3522
E-mail: intladm@du.edu
http://www.du.edu/admission/international/

SEVIS TRANSFER SUPPLEMENT 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 Service requires international students who wish to transfer to another Service approved school to be updated as such in SEVIS. 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 the University of Denver's Office of International Admission.

SECTION I (to be completed by student)

_____ _____ _____ _____
Last Name First Name Middle Name I-94 Number (INS Admission #)

_____ _____/_____/_____ _____
Country of Citizenship Date of Birth (mm/dd/yy) Social Security/Tax ID Number

_____ _____
E-mail Phone Number

Intended Transfer Quarter/Year: ___Fall ___Winter ___ Spring ___Summer Year:_____

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

Signature: _____ Date: _____

SECTION II (to be completed by International Student Advisor)

Please return form to: University of Denver, Office of International Admission, 2197 S. University Blvd., Suite 101, Denver, CO 80208

SEVIS release date: _____ SEVIS ID Number: _____

PLEASE TRANSFER SEVIS RECORD TO "UNIVERSITY OF DENVER" SCHOOL CODE: DEN214F00135000

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 (place) _____, and is pending. Please enclose copies of documents filed with the INS.

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

___ This student is in Optional Practical Training: beginning date _____ and ending date _____.

___ This student has previously been granted practical training; please specify type(s) and date(s):_____
_____.

Other Comments_____

_____ _____
DSO Signature Name of DSO

_____ _____ _____
Title of DSO Date School Name

_____ _____
School Address City/State/Zip Telephone Number

_____	_____
Email Address of DSO	Fax Number