

SEVIS Transfer-In Request

To the International Student:

Since you are currently attending another school in the U.S., this form is required to enable us to issue immigration documentation on your behalf. Fill out the first page of the form and give the form to the International Student Advisor at the U.S. school you are currently attending, or the one you most recently attended. The Advisor must complete page two and will return the form to our office.

Name as it appears in your passport:

Last/Surname: _____

Middle: _____

First/Given: _____

Date of Birth (month/day/year): _____

Male Female Other

Country of Citizenship: _____

City & Country of Birth: _____

U.S. Address (current place of residence):

Permanent Foreign Address:

Phone: _____

Email: _____

Date current stay expires: _____

Current visa type: _____

Date of Entry to U.S.: _____

School or agency that issued I-20 for most recent entry to the U.S.:

Admitted for: Fall Spring Summer Year: _____

Source(s) of financial support:

1. _____

Amount: _____

2. _____

Amount: _____

I hereby authorize my current International Student Advisor to verify the above information and to provide the additional information required on the reverse side of this form.

Signature: _____

Date: _____

To the International Student Advisor:

The international student named on the reverse side of this form is applying to Ohio University (**SEVIS School Code: CLE214F10415000**). To assist us in their transfer, please provide the following information:

1. SEVIS number for this student: _____ Release date: _____

2. Is this student eligible to return to your institution? Yes ____ No ____

If not, please explain: _____

3. If the student holds an F-1 visa, has s/he maintained his or her immigration status? Yes ____ No ____

If not, please explain: _____

4. Has the student undertaken optional or curricular practical training? Yes ____ No ____

If yes: CPT from: _____ to: _____

OPT from: _____ to: _____

Name of International Student Advisor: _____

Signature/Date: _____

Name of Institution: _____

Telephone number: _____

Thank you for your assistance. Please return this form to:

Ohio University

Graduate College

Research and Technology Center 220

Athens, OH 45701-2979

Email: graduate@ohio.edu

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