



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 US 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
Country of Citizenship	Date of Birth (mm/dd/yy)	DU Student ID Number
E-mail	Phone Number	
Intended Transfer Quarter/Year: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> 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 114, Denver, CO 80208

SEVIS release date: _____ SEVIS ID: _____

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