



UNIVERSITY OF
DENVER

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 |
| 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 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 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 less than full-time or 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 _____