



# UNIVERSITY of DENVER

## SEVIS Transfer Supplement Form

**Undergraduates- Please return your completed form to:** University Hall #114, 2197 University Blvd., Denver, CO 80208-9401 | Ph: 303.871.2790 | Fax: 303.871.3522 | [INTLADM@du.edu](mailto:INTLADM@du.edu)

**Graduates- Please return your completed form to:** International Students and Scholar Services, 2200 S. Josephine St., Denver, CO 80208 | Ph: 303.871.4912 | Fax: 303.871.4910 | [iss@du.edu](mailto:iss@du.edu)

**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 SEVIS 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. **Please transfer the student's SEVIS record to the University of Denver, school code DEN214F00135000.**

### 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)

SEVIS release date: _____		SEVIS ID: _____
Please check and complete all that apply:		
<input type="checkbox"/> This student is in good standing and is/was enrolled in a full course of study until (date) _____.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> This student is out of status and must file for reinstatement to student status. Please attach explanation.		
<input type="checkbox"/> This student is in Optional Practical Training: beginning date _____ and ending date _____		
<input type="checkbox"/> 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 _____	