



International Admissions

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International Student SEVIS School Transfer Request

TO THE TRANSFERRING STUDENT: In order to complete the transfer you must have this form completed by the last institution you were authorized by the Immigration and Naturalization Service (INS) to attend.

I, _____ (Print NAME CLEARLY: Last, Middle, (and Maiden, if applicable))

give permission for my current institution to release the following information:

Signature of Student: _____ Date: _____

OCU Student Identification Number (SID): _____

TO THE INTERNATIONAL ADVISOR: Please complete the following information for the above student and return with a copy of student's I-20 to Oklahoma City University.

- 1. Student's Visa Type: _____ If J-1, Sponsor: _____ Program#: _____
If J-1, does the student have the Sponsor's permission to transfer: ___ Yes ___ No
2. INS I-94 Number: _____
3. SEVIS Number: _____
4. First semester/quarter/session (circle one) in attendance at your school: _____
5. Last semester/quarter/session (circle one) in attendance at your school: _____
6. Currently or last enrolled in _____ semester/quarter (circle one) credit hours.
7. Is student pursuing a full course of study and in good standing with INS therefore eligible to transfer? ___ Yes ___ No
8. Is student in good academic standing? ___ Yes ___ No, because: _____
9. Is student in good financial standing? ___ Yes ___ No, because: _____
10. Has the student been the subject of disciplinary action while in your school? ___ No ___ Yes
If yes, briefly explain: _____
11. Has student been authorized for Off-Campus, Curricular or Optional Practical Training employment? ___ No ___ Yes
If yes, specify types and dates: From _____ To: _____ Type: _____
12. Does the student have dependents in the U.S.: ___ Yes ___ No
13. Is student in valid Visa status for Visa Type indicated in #1: ___ Yes ___ No
If No, and the student is out of status, then:
___ A reinstatement to student status is pending. (Copies of documents filed with INS are enclosed. SRC #: _____
___ Student has been advised that a reinstatement will be required upon enrollment at the new school.
14. Transfer Release Date in SEVIS: _____

Signature, Printed Name, Title and date of Designated School Official completing this form

Name and Address of Institution
Telephone: (____) _____ E-mail: _____
(INSTITUTIONAL SEAL)