International Student Office
600 North Adams St.
Gunnison, CO 81231
970-943-2891 Ph.
970-943-2702 Fax

SEVIS TRANSFER 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 Bureau of Citizenship and Immigration Services (BCIS) 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 Western State College, International Student Office.

Section I (to be completed by student)

_____ _____ _____
Last Name First Name Middle Name

_____ _____/_____/_____ _____
Country of Citizenship Date of Birth (mm/dd/yy) Phone Number

_____ _____ _____
I-94 Number (INS Admission #) SEVIS ID Number SEVIS Release Date

Intended Transfer Term/Year ____ Fall _____ Spring _____Summer, Year _____

I hereby authorize the International Student Advisor (or equivalent campus official) to provide the information below as part of my application to Western State College:

Signature: _____ Date _____

Section II (to be completed by International Student Advisor)

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 graduated (term & year) _____
____ This student is in Optional Practical Training: Beginning date _____ Ending date _____
____ This student has previously been granted practical training, please specify type(s) and date(s):
_____
____ This student is out of status and a reinstatement to student status was filed on (date) _____ with the BCIS in (place) _____, and is pending. Please enclose copies of documents filed with the INS.
____ This student is out of status and must file for reinstatement to student status. Please attach explanation.
Comments:
_____
_____
_____

_____ _____ _____
DSO Signature Name of DSO Title of DSO

_____ _____
Email Address of DSO Fax Number

_____ _____
School Name Telephone Number

_____
School Address City/State/Zip