

# INTERNATIONAL STUDENT SEVIS TRANSFER-IN FORM

Salve Regina University

100 Ochre Point Avenue Newport, RI, 02840

Phone: 401-341-7429



**Instructions to the student:** In order to complete the transfer of your F-1 status from your current school to Salve Regina University, we need immigration information from your current school. Complete section A and then mail or present this form to the Designated School Official (DSO) at your current school, who will complete section B. They will then send this form back to Salve Regina University. This form is required before an I-20 can be issued and your transfer finalized.

## (A) To be completed by the student

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

SEVIS ID: \_\_\_\_\_

I intend to transfer to Salve Regina University for the [circle one] Fall/Spring (year) \_\_\_ semester.

Do you plan to exit the USA after completing studies at your current institution and before beginning studies at Salve Regina University? \_\_\_\_\_

If yes, please give dates for your planned trip: \_\_\_\_\_

I hereby grant permission for the information requested below to be made available to Salve Regina University.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## (B) To be completed by Designated School Official at current school

The above-named student intends to transfer to Salve Regina University for the semester stated. Please answer all questions based on the term immediately preceding the transfer or the last semester preceding a vacation or period of authorized practical training.

Is student currently attending the school s/he was last authorized by USCIS to attend? \_\_ YES NO

SEVIS Transfer Release Date: \_\_\_\_\_

Please release SEVIS record to: **Salve Regina University BOS214F20107000**

Student began studying in this program on \_\_\_\_\_ and completed the program on \_\_\_\_\_

Student is currently enrolled full-time, and has been continuously enrolled since \_\_\_\_\_

Student did not complete the course of study. His/her last day of attendance was \_\_\_\_\_

Is the student maintaining valid F-1 status? \_\_ YES \_\_ NO

Please list all periods of authorized Practical Training (CPT or OPT) with beginning and ending dates. Specify whether curricular or optional: \_\_\_\_\_

**PLEASE EMAIL THIS FORM TO CASEY DONAHUE, ASSISTANT DIRECTOR OF INTERNATIONAL STUDENT SERVICES AT CASEYE.DONAHUE@SALVE.EDU ALONG WITH A PHOTOCOPY OF THE STUDENT'S I-20.**

Name of School:

P/DSO Name:

P/DSO Signature:

Email Address and Phone Number: