

**SEVIS TRANSFER FORM**

To the international Student: Please complete the information in Section 1 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-formerly INS) requires international students who wish to transfer to another approved school to be updated as such in SEVIS (Student Exchange Visitor Information System). Please complete this form to ensure a smooth SEVIS transfer and mail or fax this form to the University of Texas at San Antonio.

**SECTION 1 (to be completed by the student)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

I-94 # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 Texas at San Antonio.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date:

**SECTION 2 (to be completed by International Student Advisor)**

SEVIS release date: \_\_\_\_\_ SEVIS number: \_\_\_\_\_

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 was filed on (date) \_\_\_\_\_ with the

BCIS in (place) \_\_\_\_\_, and is pending. **Please enclose copies of any document filed.**

This student is out of status and must file for reinstatement. **Please attach explanation.**

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): \_\_\_\_\_

**Other comments:** \_\_\_\_\_

\_\_\_\_\_  
DSO Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name of DSO

\_\_\_\_\_  
DSO Phone Number

School Name and Address:

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