

SEVIS TRANSFER FORM

Pam Barnum, Student Life Office
Tel: (203) 371-7846
Fax: (203) 365-4780
E-mail: barnump@sacredheart.edu

Please sign below and give to your International Student Advisor at the school you currently attend or most recently attended along with a copy of your acceptance letter for Sacred Heart University.

I grant permission that my SEVIS record can be released to Sacred Heart University, Fairfield, CT.

Student's Printed Name

Date

Signature

To: SEVIS Designated School Official

The above named student has qualified academically for admission to Sacred Heart University, Fairfield, CT. In compliance with immigration regulations, we request confirmation of his/her status at your institution. Please transfer record to Sacred Heart University (**BOS214F10554000**) when student has completed this form and submitted a copy of his/her acceptance letter for Sacred Heart University. Form can be faxed to 203-365-4780.

Student's Current Immigration Status:

I-20 ____ IAP-66 ____ Completion date on document _____

SEVIS ID _____ Last date of attendance _____

____ Student is in good standing and is/has been pursuing a full course of study (or has been reinstated to status)

____ Student is out of status and a reinstatement to student was filed on _____.
(Please enclose copies of documents filed.)

____ Other. Please explain below.

Has the student engaged in any form of practical training? If so, please give details below, including dates.

SEVIS release date _____

Name & Title of School Official

Signature

Date

Telephone Number

Name & Address of Institution

E-mail