



EMMANUEL COLLEGE

SEVIS Transfer Form

This SEVIS transfer form and process must be completed for any F-1 applicant whose last date of I-20 attendance at a previous U.S. school is within 5 months of when they plan to start at Emmanuel. It should be completed even if the applicant is going abroad between schools, unless the student will be physically absent from the U.S. for over 5 months.

TO BE COMPLETED BY THE STUDENT:

Family Name: _____ Given Name: _____

I-94 #: _____ Telephone: _____

Date of Birth: _____ Do you plan to leave the U.S. between now and when you will begin at Emmanuel? YES NO

I hereby grant permission for the below information to be forwarded to Emmanuel College. _____ Student's signature

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO):

Please confirm the status of the above-mentioned student, and send/fax the completed form to: Office of International Programs, Emmanuel College, 400 The Fenway, Boston, MA 02115, (617) 735-9838 (tel), (617) 735-9801 (fax). Please transfer the student's SEVIS record to Emmanuel College, BOS214F00129000. Thank you!

- What is the student's SEVIS ID #? _____

- What is the student's SEVIS "Transfer Release Date"? _____

- Is the information completed by the student above correct? YES NO

- To the best of your knowledge, is this student currently maintaining lawful F-1 status under USCIS regulations? YES NO

- If not, please explain: _____

- Is/was the student pursuing a full course of study? YES NO

- If not, please explain: _____

- Start and end dates of attendance at your institution: _____

- If currently enrolled, when will they complete the program/session? _____

- Please list any periods of: Curricular Practical Training _____

Optional Practical Training: _____

- Please comment on any academic, financial, or other issues we should be aware of, or to help us advise this student:

Signature of DSO Name and Title of DSO Name and location of institution

DSO's Telephone Number Fax Number Email