



**Important:** This form is provided to assist the student in requesting transfer of SEVIS information to Coleman University. The student is solely responsible for completing the first part of this form and submitting it to his/her attending institution, with a copy of his/her acceptance letter, for release of SEVIS records.

**APPLICANT INFORMATION (To be completed by applicant)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First/Given Last/Surname Middle

US Address: \_\_\_\_\_  
Street Address City State Zip Code

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated Start Date at Coleman University: \_\_\_\_\_

***I intend to transfer to Coleman University with school code, SND214F00118000 for the term start date identified above. Permission is hereby granted to release information to DSO at Coleman University.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENDING INSTITUTION INFORMATION (To be completed by attending institution DSO)**

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

DSO Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

SEVIS Release Date: \_\_\_\_\_ SEVIS ID Number: \_\_\_\_\_

Student Non-immigrant Status: \_\_\_\_\_ Dates of Attendance: From: \_\_\_\_\_ to: \_\_\_\_\_

Is the F-1 status active?  Yes  No

If no, please explain: \_\_\_\_\_

Is the applicant eligible for transfer?

If not, please explain: \_\_\_\_\_

Does the applicant owe a balance?  Yes  No

Student's Degree/Program: \_\_\_\_\_ GPA: \_\_\_\_\_

Please indicate any CPT/OPT granted to the applicant:  CPT full-time  CPT part-time  OPT

Please list any periods of CPT/OPT: \_\_\_\_\_

Please list any comments: \_\_\_\_\_

***As the Student's Attending Institution DSO, I certify that the information contained on this form is accurate and correct to the best of my knowledge.***

DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_