



CENTER FOR INTERNATIONAL EDUCATION

SEVIS TRANSFER SUPPLEMENT FORM

TO THE INTERNATIONAL STUDENT: Please complete the information in Section I and submit this form to the International Student Advisor at your present school or the last school you attended.

TO THE DSO / INTERNATIONAL STUDENT ADVISOR: The student listed below intends to transfer to Loyola University New Orleans (NOL214F00095000). The information on this form will assist our office in ensuring a smooth SEVIS transfer. Please, complete Section II of this form and fax it to (504) 864-7548 or email a scanned copy to cie@loyno.edu.

Section I (to be completed by student)

Last Name(s) First Name Middle Name

I-94 Number (Admission #) Country of Citizenship Date of Birth (mm/dd/yyyy)

Primary Email Address Secondary Email Address Phone Number

I request and authorize my present International Student Advisor (or equivalent campus officer) to provide the information below as part of my application for admission to Loyola University New Orleans.

Signature: _____ Date: _____

Section II (to be completed by International Student Advisor)

Current Visa Status: ☐ F-1 ☐ J-1 Other: _____ Is this student enrolled in SEVIS? ☐ Yes ☐ No

If Yes, SEVIS Release Date: _____ Student's SEVIS ID#: _____

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 reinstatement is pending. A reinstatement request was filed on (date) _____ with _____ in _____. Please attach copies of any documents filed.
- ☐ This student is out of status and must file for reinstatement to student status. Please attach an explanation.
- ☐ This student is on Optical Practical Training: Start Date _____ End Date: _____
- ☐ This student has previously been granted other practical training. Please specify type(s) and date(s): _____

Other Comments: _____

Name and Title of DSO Signature of DSO and Date

School Name and Address

Email Address of DSO Phone Number of DSO Fax Number of DSO

6363 St. Charles Avenue, Campus Box 205, New Orleans, LA 70118, Telephone: 504- 864-7550, Fax: 504-864-7548