



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 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