INTERNATIONAL SEVIS TRANSFER RELEASE FORM

Please return the completed form to: Office of Global Affairs, University of Central Oklahoma, Edmond OK 73034
Phone: 405 974 2390 > Fax: 405 974 3842 > Web:www.uco.edu/ioffice > email international@uco.edu

TO THE PROSPECTIVE STUDENT: In order to complete the transfer to the University of Central Oklahoma, you must have this form completed by the last institution you were authorized to attend by the Student & Exchange Visitors Program of US Department of Homeland Security (DHS).

I,____, (print name) give permission for my current institution (DSO) to complete this form and release this information to the University of Central Oklahoma (DSO).

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Student Signature______________________________ Date _____________________

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TO THE INTERNATIONAL ADVISOR: *Please complete the following information for the above named student. We will need form to be completed, signed, and accompanied by a copy of the student's current I-20.*

Student's Visa Type: _____________ SEVIS Number ____

Note: Please do not transfer out on SEVIS until notified of admission by UCO Office of Global Affairs

UCO Main Campus SEVIS School Code: DAL 214F10904000 OR UCO ACM SEVIS School Code: DAL 214F10904001

First ***semester/quarter/session*** (Circle one) in attendance at your school – Start Date ____________________________________

Last ***semester/quarter/session*** (Circle one) in attendance at your school – End Date ______________________________________

Currently or last enrolled in _________ credit hours in the last… ***semester/quarter/session*** (Please circle one)

Is the student in good academic standing (i.e. - adequate course load, non-suspension, non-probation) _______yes _______no

If no, please specify____

Is student in "Active' SEVIS status and in good standing with DHS/ immigration? _____yes _____no

If no, please specify____

Is the student in good financial standing? _____yes _____no ; If no, please specify _____________________________________

Has the student ever applied for reinstatement of status? ___yes ___no; if yes when?__________________________________

Has the student been granted off-campus or practical training employment? _____yes _____no

If yes, specify types(s) and dates: ____

Has this student been the subject of disciplinary action while in your school? _____yes _____no;

>>If yes, briefly explain on back of this form.

DSO Printed Name____ Signature ___________________________ Date__________

Title_____________________________________ Email____

Institution Name and Address____ Phone number ________________
<Institutional Seal>

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