

SEVIS Transfer-In Request Form

Section 1, to be completed by student:

Last Name:	First Name
SEVIS #:	Date Of Birth:
I intend to transfer to Felician University for the _____ (fall/spring) semester of _____ (year).	
Have you received an admission letter from Felician University? <input type="checkbox"/> Yes <input type="checkbox"/> No - if no, when did you apply? _____	
I intend to travel outside the U.S. before beginning my studies at Felician University? <input type="checkbox"/> No <input type="checkbox"/> Yes, from _____ to _____ (dates of travel)	

I hereby authorize for the information requested to be made available to Felician University.

Students' Signature:	Date:
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Section 2, to be completed by international student advisor or Designated School Official (DSO):

The above-named student intends to transfer to Felician University for the semester listed above. Please complete and return this form via e-mail to the Office of International Programs at OIP@Felician.edu. PLEASE DO NOT RELEASE RECORDS IN "COMPLETED" OR "TERMINATED" STATUS WITHOUT PRIOR APPROVAL FROM FELICIAN. SEVIS records should be transferred to the appropriate campus:		
Lodi school code – NEW214F00817000 School of Arts & Sciences School of Nursing	Rutherford school code – NEW214F00817001. School of Business and Information Sciences School of Education	
To the best of your knowledge, is the student currently in legal status and eligible to transfer to Felician? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What will be/was the student's last date of attendance at your institution? _____		
SEVIS Release date _____		
The student has been authorized the following Practical Training benefits:		
OPTIONAL	Dates: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
CURRICULAR	Dates: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Please list any periods of approved reduced course loads (medical or academic) and explain the circumstances: 		
Please provide any additional comments, especially if the student is out of status: 		
Full Name:	Title:	
Phone:	Email:	
Institution:	Institution Location:	
Signature of DSO:	Date:	