



**Valparaiso University**  
**SEVIS Transfer-In Form**

**Part A: To be completed by the student**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Email address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Semester you will be transferred to Valparaiso University:  
 Fall     Spring     Summer I (May)     Summer II (June)    Year \_\_\_\_\_

**I grant permission for the information requested below to be released to Valparaiso University.** Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B: To be completed by the International Student Advisor**

The above-named student has been granted admission and will be issued an I-20/DS-2019 for Valparaiso University. Pursuant to USCIS regulations, we request confirmation of his/her status at your institution before processing a transfer notification. Please complete the following and fax or mail it our office:

Office of International Programs (OIP)  
 209 Harre Union, 1509 Chapel Drive  
 Valparaiso, IN 46383  
 Phone: 219-464-5333 Fax: 219-464-6868  
**School Code: CHI214F10489000**

SEVIS release date \_\_\_\_\_ (mm/dd/yyyy) SEVIS ID \_\_\_\_\_

What is the student's non-immigrant status  F-1     J-1

Which semester did/will this student last complete study at your institution? \_\_\_\_\_

What is the degree this student is pursuing at your institution?  Bachelor     Master     Doctorate

1. To the best of my knowledge, the above-named individual is in lawful status based on USCIS regulations.  Yes     No    If 'no', please explain: \_\_\_\_\_

Has your office filed a reinstatement application?  Yes     No

2. Please indicate the dates of any full-time CPT/OPT/AT granted:

Curricular: \_\_\_\_\_

Practical/Academic Training: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
 \_\_\_\_\_

Advisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution and Location: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

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