



VALPARAISO
UNIVERSITY

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: _____