



School Transfer Form

SECTION 1 - TO BE COMPLETED BY STUDENT

I authorize an International Student Advisor (DSO) at my current school to complete Section 2 of this form and release my SEVIS Record to the Office of International Admissions at Maryville University.

Student's Name (please print): _____

Date of Birth (MM/DD/YYYY): _____

Name of Current School: _____

Student Signature: _____ Date: _____

SECTION 2 - TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR (DSO)

Please complete and scan/email or mail this form to the Office of International Admissions at Maryville University, SEVIS school code **KAN214F10054000**. Please do not release the SEVIS record until the student has demonstrated proof of admission to Maryville University.

This student's SEVIS Identification Number: **N000** _____

This student's SEVIS Transfer Release Date is: _____

Please check the appropriate categories, provide the information requested, and return this form to Maryville University via email, fax or mail.

- The student named above: (1) is considered to be maintaining his/her F-1 immigration status, (2) is eligible to return to your institution, and (3) is eligible to transfer.
- The student is out-of-status. (Select one) Student applied for reinstatement. Student was advised to apply for reinstatement. Reason: _____
- This student has been approved for a Reduced Course Load. Level: Bachelor Masters Doctoral Reason and Dates of RCL: _____
- This student was authorized for Practical Training: Curricular Optional; Dates: _____

Comments: _____

Name of Advisor/DSO completing this form _____ Signature _____

Primary Email Address _____ Date _____

Institution Name _____ Telephone Number _____