**SEVIS Transfer Request Form**
Adams State University, CO
(DEN214F00174000)

**Transfer procedure**
- Notify your current school of your intent to transfer and submit completed form to Adams State University Student Engagement and Success.
- The Designated School Official (DSO) at your current institution needs to complete Section 2.
- Once your school “releases” your SEVIS record to ASU and you complete all other transfer requirements. ASU will produce an I-20.

**SECTION 1: To be completed by the international student**

<table>
<thead>
<tr>
<th>Family Name: __________________________</th>
<th>First Name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a: ☐ F-1 Student transferring to Adams State University</td>
<td></td>
</tr>
<tr>
<td>SEVIS ID: N__________________________</td>
<td></td>
</tr>
<tr>
<td>Date of Birth _ _ / _ _ / _ _ (mo/day/year)</td>
<td>Country of Citizenship ____________________________</td>
</tr>
</tbody>
</table>

Will you travel out of the U.S. between attendance at the two schools? Yes ☐ No ☐
If yes, dates of travel: from _ _ / _ _ / _ _ (mo/day/year) to _ _ / _ _ / _ _ (mo/day/year)

Semester for which you are applying to ASU: ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___
I authorize the release of information requested on this form for the purpose of a school transfer.
Student signature __________________________ Date _ _ / _ _ / _ _ (mo/day/year)

**SECTION 2 – To be completed by current international advisor**
Please check the appropriate box below and complete all appropriate blanks.

☐ The student is In Status according to F-1 regulations; last semester the student was enrolled __________

☐ Did the student receive approval for a reduced course load? ___ Yes ___ No
If yes, reason: ___Academic ___Medical
If yes, program level and dates of approval __________________________

☐ Did student receive any practical training? ___Yes ___ No
If yes, type: ___Full time Curricular ___Part time Optional ___Full time Optional
If yes, program level and dates __________________________

☐ Date SEVIS record will be released _ _ / _ _ / _ _ (mo/day/year)

I verify the information above is accurate to the best of my knowledge.
Signature: __________________________ Print Name: __________________________
Date: __________________________ Title: (DSO) __________________________
Name of School: __________________________________________________________________________
Address: _______________________________________________________________________________
Phone: __________________________ Fax: __________________________ E-mail: _______________________

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**Please return completed form to:** S. Masood Ahmad, Adams State University, 208 Edgemont Blvd. Alamosa, CO 81101  ● Phone: (719) 587-7858  ● Fax: (719) 587-8354  ● E-mail: masoodahmad@adams.edu