

SEVIS RECORD TRANSFER IN FORM

Section I: To be completed by student

When ready, please submit form to:

Email: gloaled@radford.edu

Select Location:

- Radford University – Main Campus (WAS214F00269000)
 Radford University Carilion – Health Sciences Campus (WAS214F00269003)

Family/Surname _____ First/Given Name: _____

Date of Birth (MM/DD/YYYY): _____ Email: _____ Gender: Male
 Female

Country of Citizenship: _____ Phone Number: _____ Major: _____

Current Mailing Address in the U.S.: _____

City: _____ State: _____ Zip Code: _____

Do you plan to travel outside of the U.S. before attending Radford University? Yes No

Month & year you intend to enroll at Radford University: _____

By signing this form, I hereby authorize my current college/university to release/transfer my SEVIS record to Radford University.

Student Signature: _____ Date: _____

Section II: To be completed by the International Student Advisor (DSO)

Semester/quarter student last attended your school: _____

SEVIS ID#: _____ SEVIS release date: _____

Has the student maintained F-1 status? Yes No

Has the student fulfilled his/her financial obligation to your school? Yes No

If the student is in an Intensive English Program, when is he/she expected to complete the program? _____

Is the student currently on: CPT OPT Economic Hardship Terminated Status
 Other: _____

DSO Name: _____ DSO Signature: _____

School Name: _____ School SEVIS code: _____

Phone: _____ Email: _____ Date: _____