

## SEVIS TRANSFER SUPPLEMENT FORM

**TO THE INTERNATIONAL STUDENT:** Please complete the information in Section I and submit this form to the International Student Advisor at your present school or the last school you attended.

**TO THE DSO / INTERNATIONAL STUDENT ADVISOR:** The student listed below intends to transfer to Loyola University New Orleans (NOL214F00095000). The information on this form will assist our office in ensuring a smooth SEVIS transfer. Please, complete Section II of this form and fax it to (504) 864-7548 or email a scanned copy to [cie@loyno.edu](mailto:cie@loyno.edu).

### Section I (to be completed by student)

\_\_\_\_\_  
Last Name(s)                                      First Name                                      Middle Name

\_\_\_\_\_  
I-94 Number (Admission #)                      Country of Citizenship                      Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Primary Email Address                              Secondary Email Address                      Phone Number

I request and authorize my present International Student Advisor (or equivalent campus officer) to provide the information below as part of my application for admission to Loyola University New Orleans.

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

### Section II (to be completed by International Student Advisor)

Current Visa Status:  F-1     J-1    Other: \_\_\_\_\_    Is this student enrolled in SEVIS?  Yes     No

If Yes, SEVIS Release Date: \_\_\_\_\_    Student's SEVIS ID#: \_\_\_\_\_

Please check and complete all that apply:

- This student is in good standing and is / was enrolled in a full course of study until (date) \_\_\_\_\_.
- This student is out of status and reinstatement is pending. A reinstatement request was filed on (date) \_\_\_\_\_ with \_\_\_\_\_ in \_\_\_\_\_. Please attach copies of any documents filed.
- This student is out of status and must file for reinstatement to student status. Please attach an explanation.
- This student is on Optical Practical Training: Start Date \_\_\_\_\_ End Date: \_\_\_\_\_
- This student has previously been granted other practical training. Please specify type(s) and date(s):

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
Name and Title of DSO                                      Signature of DSO and Date

\_\_\_\_\_  
School Name and Address

\_\_\_\_\_  
Email Address of DSO                                      Phone Number of DSO                                      Fax Number of DSO