LOYOLA UNIVERSITY NEW ORLEANS

CENTER FOR INTERNATIONAL EDUCATION

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.

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