

Center for International Education 605 Washington Street PO Box 1857 Fayette, IA 52142 Phone: +1 (563) 425-5852 Fax: +1 (563) 425-5833

E-mail: <u>international@uiu.edu</u>
Web: <u>www.uiu.edu</u>

SEVIS RECORD TRANSFER IN FORM

Section I: To be completed by student

Select Location:			
□ Fayette – Main Campus (OMA214F00219000)	·	□ Madison (OMA214F00219012)	
□ Des Moines (OMA214F00219003)	·	□ Quad Cities (OMA214F00219015)	
□ Wausau (OMA214F00219020)	□ Waterloo (OMA214F00219019)	
Family/Surname	First/Given Name:		
Date of Birth (MM/DD/YYYY):	Male/Female: Email:		
Country of Citizenship:	Phone Number:		
Current Mailing Address in the U.S.:			
City:	State:	Zip Code:	
Do you plan to travel outside of the U.S. before at	tending Upper Iowa University?	□ No	
Month & year you intend to enroll at Upper Iowa	Jniversity:		
By signing this form I hereby authorize my current	college/university to release/transfer my SEV	/IS record to Upper Iowa University	
Student Signature:	Date:		
Stadent Signature.	Dutc.		
Section II: To be completed by the Into	ernational Student Advisor (DSO)		
Semester/quarter student last attended your scho	ol:		
SEVIS ID#:	SEVIS release date:		
☐ Has the student maintained F-1 status?			
☐ Has the student fulfilled his/her financial obligat			
☐ If the student is in an Intensive English Program,			
□ Is the student currently on: □ CPT □ OPT □ Eco			
	Torrie Hardship Ferninated Status Otr	ici.	
□ Other comments:			
DSO Name:	DSO Signature:		
School Name:	School SEVIS code:	School SEVIS code:	
Phone: Email	•	Date:	

Please submit completed form to: