

International Student Transfer-In



International students currently in the US must request that their SEVIS record be released by their current educational institution.

1. Please complete and sign this release-of-information form.
2. Then have your International Student Advisor, at your current institution, complete and submit this form.

To Be Completed by Student:

First Name _____ Middle Name _____ Last Name _____

Name of Current Educational Institution _____

I intend to transfer from the educational institution above and grant permission for the information requested on the following page to be released to Cabrini University.

Student Signature _____ Date _____

This student has qualified academically for admission to Cabrini University. In compliance with government regulations, effective May 22, 1987, we request confirmation of the student's immigration status at your institution before approving transfer to Cabrini University.

Please complete this form and submit it along with a copy of the I-20 and I-94 card to Charles Spencer.
Fax to 610.902.8508 or email to cspencer@cabrini.edu.

To Be Completed by DSO:

Has this student been entered into SEVIS? Yes No SEVIS Number _____

Student's Program End Date on the I-20 (DD/MM/YY) _____ I-94 Number _____

SEVIS Transfer Release Date (DD/MM/YY) _____

- The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status).
- The student is out of status and a reinstatement was filed on _____ at USCIS District _____ and is pending. Please enclose copies of documents filed.
- The student is out of status and will be advised to apply for reinstatement upon receipt of a new I-20AB from Cabrini University.

Dates (DD/MM/YY) of any practical training in which the student has participated:

Curricular _____ Optional _____

I certify that the information provided is true to the best of my knowledge.

Name and Title of DSO _____

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____