



## ELI STUDENT SEVIS TRANSFER-IN FORM

This form is required for international students who are transferring their SEVIS record to the University of Delaware. Please complete Section One and then ask a Designated School Official (DSO) at the school you currently attend or most recently attended to complete Section Two below. Please submit this form as part the I-20/DS-2019 Request.

### Section One: Student Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**UD ID:** \_\_\_\_\_ **Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**SEVIS ID** (as shown on your I-20/Ds-2019): \_\_\_\_\_ **Visa Type:** F-1 or J-1

**What semester will you be joining UD?**

- Fall 20\_\_\_\_  Winter 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

**Will you be travelling outside the U.S. before you begin your studies at UD?**

*If you are not going outside the U.S., we will issue the eligibility document once you arrive on campus and we receive this completed form.*

- Yes, I will leave the U.S. on \_\_\_\_\_  No

### Section Two: Authorization

*To be completed by the current SEVIS institution*

The student named above has been admitted to the University of Delaware. F-1 School Code: **PHI214F00400000**, J-1 Program Number: **P-1-01898**. Please complete the requested information below and return to the student. The student will need this completed form to request an I-20 or DS-2019.

**School Name:** \_\_\_\_\_

**Student's Current SEVIS status** (ex. Active, Terminated, etc.) \_\_\_\_\_

**If not in Active Status, DO NOT transfer record. Please contact [oiss@udel.edu](mailto:oiss@udel.edu) so we may determine how to proceed.**

**Last Date of attendance at your institution (or OPT EAD end date, if applicable):** \_\_\_\_\_

**Anticipated SEVIS Release Date:** \_\_\_\_\_

**Any additional details or relevant information regarding the student:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

I authorize that the information above is accurate and that the student is currently maintaining status per DHS regulations. I recommend this student for a SEVIS transfer to the University of Delaware.

**DSO:** \_\_\_\_\_  

Printed First and Last Name
Title

\_\_\_\_\_  

Signature of DSO
Contact: email and/or phone
Date