



STUDENT 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 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