

SEVIS Transfer Release Form

If you will enter the Milligan University following either full-time study at another U.S. institution or postcompletion Optional Practical Training or Academic Training, complete this form and return by email to Pam Smith at <u>PBSmith@milligan.edu.</u> **SEVIS Name – Milligan University School ID - NOL214F10123000**

Part I. To be completed by the Student

Please complete this part on-screen, then print it, sign it, and submit it to the international student adviser/DSO at your current institution.

Student's Last Name:	
Student's Given Name:	
E-mail address:	
Telephone number:	
Indicate your starting quarter at Milligan: (circle one)	Fall Spring Year: 20
I authorize my current institution to provide the inform	nation requested in Part II of this form to Milligan University.
Student Signature	Date
Part II. To be completed by an Internationa	al Student Adviser at the current school
NOTE: A student's SEVIS record should NOT be transfe the Milligan University Office of Admissions.	rred until the DSO at the transferring school is notified by
Has this student maintained valid status at your schoo separate page.	I? YesNoIf no, please explain on
Is this student eligible for F-1 transfer? YesNo_	
Program end date or OPT end date (circle one)	
Student's SEVIS ID#	-
What is the student's transfer release date in SEVIS?	
Name of DSO	Signature of DSO
Title	Date
Phone Number	Email