



Center for International Education  
International Student & Scholar Services  
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[www.xavier.edu/international](http://www.xavier.edu/international)

## **SEVIS RECORD TRANSFER IN FORM**

(Xavier SEVIS Code: CLE214F00141000)

### **Section I: To be completed by student**

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 attending Xavier University? ☐ YES ☐ NO

Month & year you intend to enroll at Xavier University: \_\_\_\_\_

By signing this form I hereby authorize my current college/university to release/transfer my SEVIS record to Xavier University.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section II: To be completed by the International Student Advisor (DSO)**

Dates of Enrollment: Begin Date: \_\_\_\_\_ End Date of Last Attendance: \_\_\_\_\_

SEVIS ID#: \_\_\_\_\_ SEVIS release date: \_\_\_\_\_

☐ Has the student maintained F-1 status? \_\_\_\_\_

☐ If the student is in an Intensive English Program, when is he/she expected to complete the program? \_\_\_\_\_

☐ Did the student receive any CPT/OPT/RCL, if so for what semester or period: \_\_\_\_\_

☐ Other comments: \_\_\_\_\_

DSO Name: \_\_\_\_\_ DSO Signature: \_\_\_\_\_

School Name: \_\_\_\_\_ School SEVIS code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your completed form to:**  
Xavier University  
International Student and Scholar Services  
[international@xavier.edu](mailto:international@xavier.edu)