

**Steps to completing this SEVIS
Transfer Request Form:**

1. Student should complete section one.
2. The student's current international student advisor at the institution he/she is now attending should complete section two.
3. Please mail the completed form to ASU International Undergraduate Admissions or fax to 480-727-6453.

Please complete this ASU SEVIS Transfer Request Form and submit it to your current international advisor at the school you are now attending. If you have any questions, please call ASU International Admissions Services, 480-965-2437.

You must be enrolled full-time at ASU no later than the late registration and drop/add deadline published in the ASU Academic Calendar (students.asu.edu/academic-calendar). You must report to the International Students and Scholars Center before the first day of class.

Date: _____ ASU ID Number: _____

Last Name: _____ First Name: _____

The above individual has been admitted to Arizona State University. Please follow the SEVIS transfer-out procedure and select Arizona State University and ASU's Tempe campus school code PHO214F00127000 from the SEVIS pull-down menu.

**International Students and Scholars
Center**

480-727-4776
isso@asu.edu
students.asu.edu/international/support

Arizona State University
International Admissions Services
PO Box 870112
Tempe, AZ 85287-0112
Phone: 480-965-2437
Fax: 480-727-6453
Email: asuinternational@asu.edu
students.asu.edu/international/undergrad

Section one (to be completed by the student)

I hereby authorize the Designated School Official (DSO) to provide the information below to Arizona State University.

Student Signature: _____ Date: _____

Attention Student: If you are returning to your home country, please make arrangements with ASU International Undergraduate Admissions to receive your Transfer SEVIS I-20 before you leave the United States. You may email us at asuinternational@asu.edu.

Section two (to be completed by your international advisor at your current school)

SEVIS Release Date: _____ SEVIS ID Number: _____
(Current program end date or Optional Practical Training end date)

Please choose all that apply:

- ☐ This student is in good standing and is/was enrolled in a full course of study.
☐ This student is out of status, and a reinstatement is pending.
☐ This student is out of status and must be reinstated.

DSO Name (print): _____ Title: _____

DSO Signature: _____ Date: _____

DSO E-mail: _____ DSO Telephone: _____

School Name: _____

School Address: _____