



Southwest Texas College
SEVIS TRANSFER FORM

To the International Student: Please complete the information in Section I and submit this form to the International Student Advisor at your present/last school attended

To the DSO/International Student Advisor: The US Citizenship and Immigration Services (USCIS-formerly INS) requires International students who wish to transfer to another approved school to be updated as such in SEVIS (Student Exchange Visitor Information System). Please complete this form to ensure a smooth SEVIS transfer and **mail or email this form to Southwest Texas College, Attention: International Student Advisor.** School codes are as follows: Uvalde Campus - SNA214F00046000; Eagle Pass Campus - SNA214F00046001; Del Rio Campus - SNA214F00046002, Crystal City- SNA214F00046003, Hondo- SNA214F00046004, Pearsall- SNA214F00046005

SECTION 1 (to be completed by the student)

Last Name _____ First Name: _____ Middle Name: _____

I-94 # _____ Country of Citizenship _____ Date of Birth _____

SID# _____ E-mail: _____ Phone# _____

Address (required) _____

City/Province: _____ State: _____ Country: _____ Zip Code: _____

I hereby authorize the International Student Advisor (or equivalent campus official) to provide the information below as part of my application for admission to Southwest Texas College.

Student Signature

Date

SECTION 2 (to be completed by the DSO/International Student Advisor)

SEVIS Number: _____ SEVIS Release Date: _____

Please check all that apply:

☐ This student is in good standing and is/was enrolled in a full course of student until (date): _____

☐ This student is out of status and a reinstatement to student was filled on (date): _____ with the USCIS in (place) _____, and is pending. Please enclose copies of any documents filed.

☐ This student is out of status and filed for re-instatement. Please attach explanation.

☐ This student is in Optional Practical Training (OPT). Beginning date: _____ Ending date: _____

☐ This student has previously been granted Practical Training: please verify type(s) and date(s): _____

Other comments: _____

DSO Signature

Date

Name of DSO (print)

DSO Phone Number

School Name and Address: _____