



SEVIS Transfer Release Form

If you will enter the Milligan University following either full-time study at another U.S. institution or post-completion Optional Practical Training or Academic Training, complete this form and return to Cindy Wymer at CLWymer@milligan.edu. **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 information requested in Part II of this form to Milligan University.

Student Signature

Date

Part II. To be completed by an International Student Adviser at the current school

Has this student maintained valid status at your school? Yes _____ No _____ If no, please explain on separate page.

Is this student eligible for F-1 transfer? Yes _____ No _____

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