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