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| **SECTION B** - INTERNATIONAL STUDENT ADVISOR OF CURRENT INSTITUTION  |
| A student who is currently enrolled with your institution has applied for admission with International American University. The following information below is to verify that their current SEVIS Record is active and that they are currently in good standing to be able to transfer to our university in ACTIVE status.  **THIS IS SIMPLY TO VERIFY ELIGIBILITY OF TRANSFER. DO NOT TRANSFER RECORD UNTIL AN ACCEPTANCE LETTER IS PRESENTED BY STUDENT.**  |
| 1. Is the student currently in Active Status (IN SEVIS)? [ ]  YES [ ]  NO
 |
| 1. Is the student eligible to transfer out to our institution in ACTIVE Status? [ ]  YES [ ]  NO
 |
| 1. If you answered NO to question 2, please indicate reasons for falling out of status with your institution:
 |
| 1. Program I-20 End Date/OPT End Date:
 | 1. Grace Period End Date/Last Day to Transfer Out:
 |
| 1. Any Comments Regarding Eligibility to Transfer:
 |
| 1. Student’s SEVIS ID:
	1. Dependent’s SEVIS ID NO:
	2. Dependent’s SEVIS ID NO:
	3. Dependent’s SEVIS ID NO:
	4. Dependent’s SEVIS ID NO:
 |
| 1. Institution Name:
 |
| 1. DSO Name:
 | 1. DSO Title:
 |
| 1. Phone:
 | 1. Fax:
 |
|      DSO SIGNATURE |      DATE |

This application is a Microsoft Word form. For legibility purposes, please type the information on this form as much as possible. Save, print, and then sign below. This form is to be returned to International American University in person or via email at admissions@iau.la. This form is to confirm and verify that applicants are eligible to transfer in to our university in active status. **PLEASE DO NOT RELEASE SEVIS RECORD UNTIL AN ACCEPTANCE LETTER IS PRESENTED BY STUDENT.**

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| **SECTION A** - APPLICANT INFORMATION  |
| If you are applying to International American University, please complete **Section A** only and present this form to the International Student Advisor at the institution which currently holds your SEVIS record to complete **Section B.**  |
| ***“I authorize the school official named below to provide the Office of Admissions at International American University the information requested on this form.”***  |
|      APPLICANT FULL NAME  |      APPLICANT SIGNATURE & DATE  |