## **SEVIS TRANSFER IN REQUEST**



STUDENT: You are required to obtain a SEVIS release prior to acceptance to Rogers State University. Please take this form to the International Office at the College/University you are currently attending to be completed.

Student Name:			
Student Name:(Last name/Family name)	(First name)	(Middle name)	
udent Signature: Date:			
Semester and year you wish to enter RSU:			
TO BE COMPLETED BY THE INTERNATIONAL STUD	ENT ADVISOR:		
Please email this completed page to us as soon as	possible.		
The above student is seeking admission to Rogers S	State University. Imm	igration regulations require	
confirmation that he/she has been pursuing a full of	course of study at you	r institution.	
Last semester enrolled at your institution:	_ Is student in valid F-	1 status? yes no [	
If no, please explain:			
admissions process for this student. No SEVIS tran  Expected transfer release date in SEVIS:  I CERTIFY THAT THE PRECEDING INFORMATION IS		,	
Name and Title of DSO	Signature	Signature	
Name of Institution	Address of Ins	Address of Institution	
Office Phone Number	Date		
PLEASE EMAIL TO:	Rogers State Un	iversity	
aschmidt@rsu.edu	1701 W Will Ro	gers Blvd	
	Claremore, OK 7 (918) 343-7546	74017	