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)	_	
Student Signature:	Date:			
Semester and year you wish to enter RSU:				
TO BE COMPLETED BY THE INTERNATIONAL STUD				
Please email this completed page to us as soon as The above student is seeking admission to Rogers confirmation that he/she has been pursuing a full	State University. Imm		re	
Last semester enrolled at your institution:	_ Is student in valid F-	1 status? yes	no	
If no, please explain:				
Expected transfer release date in SEVIS:			_	
Name and Title of DSO	Signature	Signature		
Name of Institution	Address of Ins	Address of Institution		
Office Phone Number	Date	Date		
PLEASE EMAIL TO:	Rogers State Un	iversity		
aschmidt@rsu.edu		1701 W Will Rogers Blvd Claremore, OK 74017 (918) 343-7546		