

SEVIS TRANSFER RELEASE FORM

ISU International Programs Office

Idaho State University International Student Advisors Report

Attention I.S.U. International Student Applicant:

The U.S. Citizenship & Immigration Services request that this office have current information on file from each international student who is applying to Idaho State University. Therefore, this report is a necessary part of your application process. This information below must be completed by you (Section 1) as well as the International Student Advisor (Section 2) at your current school. This form must then be returned to the International Programs Office at Idaho State University before your I-20 transfer can be completed.

This form should be returned by your International Student Advisor. Do not return this form yourself!

Section 1 – To be completed by student requesting transfer

I request and authorize my present International Student Advisor (or equivalent campus officer) to provide the information contained in Section 2 as part of my application and admission to Idaho State University.

PLEASE PRINT CLEARLY!

Name of Student: _____ Date of Birth: _____
FAMILY NAME FIRST NAME MIDDLE NAME

Bengal ID (if received): _____ Beginning Semester at ISU (circle one): Fall Spring Summer Year: _____

Current School Major: _____ Intended Major at ISU: _____

Date of last attendance at your current/previous school (please enter exact date): _____
mm dd yyyy

English Proficiency:

TOEFL: _____ IELTS: _____ COMPASS: _____
Date Completed Date Completed Date Completed

ELS: _____ U.S. Transfer student (26 U.S. credits or more)
Date Completed

Home Country: _____ I-94 Admission Number: _____

Phone Number (Local or Cell): _____ Primary Email Address: _____

Student Signature: _____ Date: _____

Current U.S. Address

Home Country Address

Street: _____

Street: _____

Street 2: _____

Street 2: _____

City: _____

City: _____

County: _____

Province: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

HAVE YOUR INTERNATIONAL STUDENT ADVISOR COMPLETE SECTION 2 OF THIS FORM!

SEVIS TRANSFER RELEASE FORM (Continued)

Section 2 – To be completed by International Student Advisor

Name of Student: _____
FAMILY NAME FIRST NAME MIDDLE NAME

To be completed by the International Student Advisor at your current institution. Please scan (PDF) and email this form to ipomail@isu.edu or send it with your application to the address listed at the bottom of this form when complete. Thank you!

1. Is this student currently “in status” with CIS and eligible to transfer to I.S.U. without reinstatement?
YES NO If no, please explain: _____

2. This student is currently in: F-1 J-1 Other status.

3. Date of last enrollment at your institution (please enter exact date): _____ / _____ / _____

4. SEVIS ID number: _____

- Has the student requested to be transferred out to I.S.U.? YES NO
- If yes, what date will the student be released and the transfer be effective? _____ / _____ / _____
- Has the student had any authorized periods of practical training (including curricular, optional or academic)?

YES NO If yes, please list type of practical training and dates:

Type: _____ Begin: _____ / _____ / _____ End: _____ / _____ / _____

Type: _____ Begin: _____ / _____ / _____ End: _____ / _____ / _____

Type: _____ Begin: _____ / _____ / _____ End: _____ / _____ / _____

Please provide copies of the student’s current and initial Form I-20 for F-1 students or a copy of the I-94 and the most recent DS-2019 Form for J-1 students.

I certify that the information noted above is correct:

Signature of Advisor: _____ Date: _____ / _____ / _____

Name of Advisor: _____
FAMILY NAME FIRST NAME MIDDLE NAME

Institution Name: _____

Institution Address: _____ Telephone: _____
CITY STATE ZIP

Primary Email Address: _____ Institution Web Address: _____

Please mail or fax this form to:

International Programs Office
921 S. 8th Ave. STOP 8038
Pocatello, Idaho 83209
Phone: 208-282-4320
Email: ipomail@isu.edu

Please Note:

This form constitutes notice of the above named student’s intent to transfer to Idaho State University –
HEL214F00125000