



SEVIS Transfer Authorization

"Lewis University – Main Campus" CHI-214-F11-210-000

Section 1: To be completed by student

I authorize the official transfer of my SEVIS Form I-20 to Lewis University:

Student name _____

Student e-mail address _____

Name of current school _____

Do you plan to leave the USA before coming to Lewis University? YES / NO

Signature: _____ Date: _____

Section 2: To be completed by DSO at your current school

Has the student met all financial obligations to this school? YES / NO

Does this student require Reinstatement of Status? YES / NO

Has this student used any period of CPT and or OPT YES / NO

If yes, please indicate dates: _____

I confirm that, to the best of my knowledge, the student listed above is considered to be maintaining lawful F1 status, the SEVIS record is active, and is eligible to transfer YES / NO

What date will you transfer this student's record: _____

DSO Name: _____ Date: _____

DSO Signature: _____ Email: _____

Institution: _____ Phone: _____

Lewis University – Office of International Affairs: 1-815-836-5635

Completed form should be returned to: International@LewisU.edu

SEVIS Name and Code: Lewis University – Main Campus, CHI-214-F11-210-000