
I-20 SEVIS TRANSFER FORM | F-1 UNDERGRADUATE STUDENTS

▶ PART I | TO BE COMPLETED BY THE STUDENT

Passport Name: _____
Family Name/Surname First/Given Name

Date of Birth: ____/____/____ Email: _____ Phone: _____
Month Day Year

Semester and Year Admitted to the UA: _____ UA Student ID # (from admission letter): _____

By signing below, I authorize my current school to complete this form and release information to The University of Arizona for the purpose of the SEVIS transfer process. I understand that if I am currently on Optional Practical Training (OPT), my OPT will cease upon the release date of my SEVIS record.

Signature: _____ Date: _____

▶ PART II | TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO)

The student named above has applied for admission to the University of Arizona as a transfer student from your institution. We appreciate your assistance in certifying his/her eligibility to transfer. Please complete the information below and fax or email it back to our office at your earliest convenience.

Please transfer to:
SEVIS school code: **PHO214F20092000**
School name: **University of Arizona**
Campus Name: **University of Arizona (not the Center for English as a Second Language)**

SEVIS number: _____ Release Date: _____

Student is currently attending YES NO If yes, terms attended: _____

Student was/is in status during his/her time of studies at our school.

Student is out of status and will be/has been terminated on _____.
Please contact (520) 621-4627 before taking action on record.

I-20 Program Completion Date or OPT end date _____. *Do not release SEVIS record in completed status.*

Comments:

Name of DSO Title Signature Of DSO Date

Telephone Email

Name Of Institution Address

Please fax to International Student Services, attn: Maria "Len" Tecson at (520) 621-4069 or
email to intl-doc@email.arizona.edu.