



SEVIS School Code - POO214F00092000

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(503) 228-3961 FAX

[admissions@capstone.org](mailto:admissions@capstone.org)

[www.capstone.org](http://www.capstone.org)

**International Student (F-1) TRANSFER IN Form**

**Student:** Please, fill out the form completely, sign & date. Give the form to your present school advisor.

**Name:** \_\_\_\_\_

First Name

Family Name

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SEVIS # N00** \_\_\_\_\_

Month

Day

Year

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

Apt.#

City

State

Zip

**I ask my present school, below, to transfer my SEVIS record to Capstone upon receipt of Acceptance Letter from Capstone.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To Be Completed By DSO or PDSO/International Admissions or Advisor**

*DSO/Advisor:* This form is required as part of our registration process to verify this student's F-1 immigration status. We are not requesting that the SEVIS record be transferred at this time. An Acceptance Letter will be issued prior to the SEVIS record transfer request. Thank you.

**Dates of Attendance:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ **SEVIS#N00** \_\_\_\_\_

● Is the student currently "in status" in accordance with USCIS regulations? \_\_\_\_YES \_\_\_\_NO

If NO, please explain: \_\_\_\_\_

● Is the student eligible to return to your school? \_\_\_\_YES \_\_\_\_NO

If NO, please explain: \_\_\_\_\_

● Has the student fulfilled all financial obligations to your institution? \_\_\_\_YES \_\_\_\_NO

If NO, please explain: \_\_\_\_\_

● Last authorized vacation dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

● If the student is accepted, what will the **SEVIS release date\*** be? \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Please do not transfer a student that has been terminated or completed in SEVIS without prior communication with Capstone.**

**Transferring Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name and Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**School Official Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_