Transfer Release Form

If you are a student in F-1 status requesting a SEVIS Transfer I-20 Form from DePaul University (DPU) you must

- 1. Complete Section 1 <u>and</u> give it to the Office for International Students and Scholars at your current school to have Section 2 completed.
- 2. Submit this completed form to DPU along with a copy of the identification page of your passport.

You must obtain a SEVIS Transfer I-20 from DPU if you are already in F-1 status and are either:

- currently enrolled at or recently graduated from a U.S. school
- currently in your period of Optional Practical Training (OPT) or recently completed your period of OPT

<u>NOTE:</u> You MUST request the transfer of your SEVIS I-20 record from your previous school <u>within 60 days</u> of completion of your studies and/or your OPT period.

Once you obtain a SEVIS Transfer I-20 from the DPU admissions office, you must

- Go to the Office for International Students and Scholars (OISS) at DPU <u>before the program start date</u> indicated in Item # 5 of your DPU SEVIS I-20. The OISS is located at 1 E. Jackson Boulevard, Suite 9300. Failure to report to the OISS within 15 days of the reporting date in Item # 5 of your DPU SEVIS I-20 will result in a loss of lawful F-1 status.
- Take your immigration documents when reporting to the OISS: SEVIS DPU Transfer I-20, passport, visa stamp (in passport), I-94 card, I-20 from previous school, and OPT EAD card (if applicable).

Section 1 (to be completed by student):

Last Name	First Name	Middle Name (if applicable)	
Country of Birth	Date of Birth (mm/dd/yyyy)	Country of Citizenship	
E-Mail	Phone Number		
Intended start term at DePaul University Winter 2012 Spring 2012 Summer I 2012 Summer II 2012 Fall 2012			
I have dependents (child / spouse) in the U.S. in F-2 visa status Yes No			
I verify that the above information is accurate and hereby authorize the Designated School Official / International Student Office of my current school to release my SEVIS record to DePaul University.			
Student's Signature	Date (mm/dd/yyyy)		
If you are a current student at DePaul University (DPU) and are moving from one DPU program to another (example: ELA to undergraduate), please note that we will release your SEVIS record to the new program 3 business days from the date this form is submitted. The release of your SEVIS record is necessary for you to obtain a new I-20 for your new program. I hereby authorize the Designated School Official / Office for International Students and Scholars to release my SEVIS record.			
Student's Signature	Da	te (mm/dd/yyyy)	

TO THE DESIGNATED SCHOOL OFFICIAL:

Please complete the section below and (1) Fax to: Office for International Students and Scholars 312-362-8018, and (2) Mail to: DePaul University, Office for International Students and Scholars, 1 E. Jackson Blvd., Suite 9300, Chicago, IL 60604. NOTE: DePaul University has two campus locations. Please release the student's SEVIS record to CHI214F01118001: DePaul University - Lincoln Park.

Section 2 (to be completed by Designated School Official / International Student Advisor):

Section 2 (to be completed by Designated School Official / International			
SEVIS Release Date (mm/dd/yyyy)	SEVIS ID Number		
SEVIS record has been released to the following DPU Campus:			
□ DePaul University - Lincoln Park: <u>CHI214F01118001</u>			
☐ This student is in lawful F-1 status and is/was enrolled in a full course of stu	udv until (date):		
	(mm/dd/yyyy)		
☐ This student completed degree requirements / received a degree on the date indicated above.		□ Yes	□ No
☐ This student is out of status and must file for reinstatement to lawful F-1 st	atus (explanation):		
☐ This student is in his/her period of Optional Practical Training (indicate beg	in/end dates):		
This student has proviously received approval for a reduced course lead in S	TVIS	□ Yes	- No
☐ This student has previously received approval for a reduced course load in SEVIS. If yes, please indicate student's program level:		□ Yes	□ No
ii yes, piease indicate student s program level.			
DSO Printed Name	DSO Signature		
School Name & Address	Date (mm/dd/yyyy)		
E-Mail	Phone		