



Center for International Education
International Student & Scholar Services
3800 Victory Parkway
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Fax: +1 (513) 745-2876
www.xavier.edu/international

SEVIS RECORD TRANSFER IN FORM

(Xavier SEVIS Code: CLE214F00141000)

Section I: To be completed by student

Family/Surname _____ First/Given Name: _____

Date of Birth (MM/DD/YYYY): _____ Male/Female: _____ Email: _____

Country of Citizenship: _____ Phone Number: _____

Current Mailing Address in the U.S.: _____

City: _____ State: _____ Zip Code: _____

Do you plan to travel outside of the U.S. before attending Xavier University? ☐ YES ☐ NO

Month & year you intend to enroll at Xavier University: _____

By signing this form I hereby authorize my current college/university to release/transfer my SEVIS record to Xavier University.

Student Signature: _____ Date: _____

Section II: To be completed by the International Student Advisor (DSO)

Dates of Enrollment: Begin Date: _____ End Date of Last Attendance: _____

SEVIS ID#: _____ SEVIS release date: _____

☐ Has the student maintained F-1 status? _____

☐ If the student is in an Intensive English Program, when is he/she expected to complete the program? _____

☐ Did the student receive any CPT/OPT/RCL, if so for what semester or period: _____

☐ Other comments: _____

DSO Name: _____ DSO Signature: _____

School Name: _____ School SEVIS code: _____

Phone: _____ Email: _____ Date: _____

Please submit your completed form to:
Xavier University
International Student and Scholar Services
international@xavier.edu