

TRANSFER-IN FORM

STUDENT INFORMATION

Name: _____ UTEP ID#: _____
Last First

SEVIS ID: N00 _____ E-mail: _____

SEVIS Transfer Date requested: _____ Signature: _____
(mm/dd/yy)

Please check each box to indicate you understand:

- ☐ **F-1 Students:** Your record must be transferred before UTEP can create your I-20.
- ☐ You may **not work** on campus at your previous institution or off campus after your transfer release date. If you have dependents, they must also cease all activity on the day after the Transfer of the SEVIS record.
- ☐ After the transfer date, you are not authorized to use or travel back into the US using the non-UTEP I-20 from your previous school.
- ☐ I grant permission for the information requested below to be released to The University of Texas at El Paso (UTEP).
BE SURE TO SIGN THIS AUTHORIZATION ABOVE.

STUDENT ATInformation to be completed by international advisor at current institution. Please DO NOT release SEVIS record until student has demonstrated proof of UTEP admission. Do not release completed/terminated records OR those in the process of reinstatement.

SEVIS School Code: ELP214F00175000

This student has been enrolled in a full course of study and maintaining F-1 status from: _____ (date) to _____
(mm/dd/yy) (mm/dd/yy)

The student is out of status as of: _____ A reinstatement was filed on: _____
(mm/dd/yy) (mm/dd/yy)

This student has participated in practical training:

Curricular Practical Training: _____

Optional Practical Training: _____

LIST ALL DATES AND WHETHER FULL-TIME OR PART-TIME, INCLUDING OPT UNEMPLOYMENT ACCRUAL IF KNOWN

Other Comments: _____

Name & Title of DSO completing this form: _____ DSO Signature: _____

Name of Institution: _____ Date: _____ Expected SEVIS Release Date: _____

Address of Institution: _____ Phone Number: _____ E-mail Address: _____



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AND STUDY ABROAD**

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