



Enrollment Services
Registrar

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Denver, Colorado 80221-1099
303-458-4126/1-800-388-2366 Ext. 4126
FAX: 303-964-5449
enrolsvc@regis.edu
www.regis.edu

SEVIS TRANSFER SUPPLEMENT FORM

INTERNATIONAL STUDENT: Please complete **Part 1** of this form and submit to your former International Student Advisor at your previous school.

DSO/INTERNATIONAL STUDENT ADVISOR: Regis University is seeking the following student's status. Regis University needs to assure that the student was in proper status in accordance with INS regulations. Please complete **Part 2** of this form and return it to the Regis University Office of the University Registrar at your earliest convenience. *PLEASE NOTE: Completion of this form alone does not authorize the transfer of this student in the SEVIS system.* Our office will contact you once the student has been admitting to our institution. Thanks for your assistance.

Part 1 (To be completed by the student)

_____	_____	_____
Last name	First Name	Middle Name
_____	_____	_____
I-94 Number	Country of Citizenship	Birth date
_____	_____	
Social Security #	Phone Number	

I hereby authorize the International Student Advisor (or equivalent university official) to provide the information below as part of my application for Regis University:

Signature: _____ Date: _____

Part 2 (To be completed by International Student Advisor)

Please check and complete all that apply:

- _____ This student is in good standing and is/was enrolled in a full course of study until (date) _____.
- _____ This student is out of status and a reinstatement to student status was filed on (date) _____ with the INS in (location) _____, and is pending. Send copies of this documentation to Regis University.
- _____ This student is out of status and must file for reinstatement through the INS. (Include explanation.)
- _____ This Student is in Optional Practical Training beginning (date) _____ and ending (date) _____.
- _____ This student has previously been granted practical training; please specify types(s) and date(s) _____

Additional comments: _____

_____	_____	_____
DSO Signature		DSO Name
_____	_____	_____
DSO Title	Date	School Name
_____	_____	_____
School address	City/State/Zip	Phone Number
_____	_____	_____
DSO Email address		Fax Number