

**SEVIS Transfer-In Form**

Please complete the student information section and have your current International Student Advisor complete the School and program information. You may need to bring a copy of your UW-La Crosse Admission Letter when you meet with your Advisor.

<b>Section I: Student Information (To be completed by the Student) (Please print)</b>		
_____	_____	_____
Last Name/Family Name	First/Given Name	Middle Name
Date of Birth: ____/____/____ MM DD YYYY		Will you be leaving the U.S. before your enrollment date at UW-La Crosse? <input type="checkbox"/> Yes <input type="checkbox"/> No
How would you like to receive your transfer I-20? <input type="checkbox"/> Mail my I-20 to my current U.S. address <input type="checkbox"/> Mail my I-20 to my permanent home address <input type="checkbox"/> I am traveling directly to La Crosse and will pick up my I-20 when I arrive		
I hereby authorize my current International Student Advisor to complete the requested SEVIS transfer form and/or provide UW-La Crosse with other necessary information in order to complete the transfer process.		
_____		_____
Student Signature		Date

<b>Section II: School Information (To be completed by the student's current International Student Advisor)</b>	
Was/is the student enrolled full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this student been authorized for CPT or OPT while attending your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No  *If yes, please list the dates and whether the authorization was full-time or part-time. _____
Is the student in good academic standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student fulfilled all financial obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student currently in valid F-1 status? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SEVIS release date will be:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**International Student Advisor Information:**  
Name of DSO completing this form: \_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_

Institution Name: \_\_\_\_\_  
Institution Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*I certify that the information provided above is true and correct to the best of my knowledge.*

\_\_\_\_\_

DSO's Signature Date

Please mail, fax, or email this form along with a copy of the student's current I-20  
Admissions Office, UW-La Crosse  
1725 State Street, 2320 Student Union  
La Crosse, WI 54601  
Fax #: (608) 785-8940  
[intladmissions@uwlax.edu](mailto:intladmissions@uwlax.edu)  
University of Wisconsin-La Crosse's SEVIS School Code is: CHI214F20247000