



Request to Transfer SEVIS Record

STUDENT: Please complete sections I, II, and III of this form and submit it to your Designated School Official (DSO) at your current U.S. school.

Dear Colleague:

The student listed below plans to attend Rocky Vista University (RVU) and requests you transfer their SEVIS record to our institution promptly upon their completion of academic attendance or post-completion OPT.

Thank you for your service to our mutual student,

Designated School Official at Rocky Vista University

Section I (Student Information):

Full Name of Student (exactly as it appears on passport): _____
Country of Citizenship: _____ Date of Birth: _____ Sex (Required by ICE): <input type="checkbox"/> Male <input type="checkbox"/> Female
City and County of Birth: _____
Intended Program of Study at RVU: _____

Section II (Transfer Information):

SEVIS Number: _____ Student's Current U.S. School: _____
Last Date of Attendance/OPT: _____
Transferring to RVU campus in: <input type="checkbox"/> Parker, CO <input type="checkbox"/> Ivins, UT <input type="checkbox"/> Billings, MT
admissions@rvu.edu admissionsUT@rvu.edu admissionsMT@rvu.edu
DEN214F58272000 DEN214F58272001 DEN214F58272002
Beginning at RVU: <input type="checkbox"/> Fall <input type="checkbox"/> Spring of 20_____

Section III (Student Request and Consent):

I request my current Designated School Official (DSO) transfer my SEVIS record to RVU campus identified above. I also authorize the DSO to discuss this transfer request with RVU if necessary.
Student Signature: _____ Date: _____
Printed Name of Student: _____ Current Student ID _____

For Designated School Official (DSO): Please complete your contact information and return this completed form to the e-mail address for the campus indicated above.

DSO Name: _____ DSO Email: _____ DSO Phone: _____
Date Transfer will be /was completed: _____