



Center for International Education



SEVIS TRANSFER FORM

Please note that this information will be provided to the Department of Homeland Security's Student and Exchange Visitor Information System (SEVIS) in compliance with federal law. Failure to provide correct information may jeopardize your immigration status in the U.S.

FOR F-1 AND J-1 STUDENTS ONLY

This form is required of all F-1 and J-1 international students who are applying for a transfer to UWM from another U.S. institution. Please PRINT all information and return this form as soon as possible to: **University of Wisconsin-Milwaukee, Center for International Education—ISSS, P.O. Box 413, Milwaukee, WI 53201-0413.** Delays in the processing of this form could result in delays in obtaining full admission, on-campus employment permission, and permission to accept a graduate assistantship.

TO BE FILLED OUT BY THE STUDENT:

DATE _____ UWM STUDENT IDENTIFICATION NUMBER _____ - _____ - _____

NAME _____ Date of birth ____/____/____
(Family or Last) (Given or First) (Middle Name)

U.S. ADDRESS _____
(Number) (Street) (Apartment Number)

(City) (State) (Zip Code)

U.S. TELEPHONE NUMBER () _____ E-MAIL ADDRESS _____
(Area Code and Number)

CURRENT PROGRAM OF STUDY (Please check (✓) one)

High school ESL Bachelor's Degree Master's Degree Ph.D. Not Studying

INTENDED PROGRAM OF STUDY AT UWM (Please check (✓) one)

ESL Bachelor's Degree Master's Degree Ph.D.

HOME COUNTRY ADDRESS _____
(Number) (Street) (Apartment Number)

(City) (State/Province) (Country) (Zip/Postal Code)

HOME COUNTRY TELEPHONE NUMBER _____ E-MAIL ADDRESS _____
(Country Code, Area Code and Number)

CONTINUED ON OTHER SIDE →



International Student and Scholar Services
Garland Hall, Room 138
P.O. Box 413
Milwaukee, Wisconsin 53201-0413

Phone 414/229-4846
FAX 414/229-3750
www.international.uwm.edu

TO BE FILLED OUT BY THE F-1 OR J-1 RESPONSIBLE OFFICER AT YOUR CURRENT SCHOOL:

For F-1 Students

Attach a copy of the current I-20 and I-94 (both sides).

SEVIS ID # _____

What is the SEVIS release date? (MM/DD/YY) ____ / ____ / ____

Student's I-94 (Admission) Number: _____

To the best of your knowledge, is the student currently in status? YES NO If not, please explain: _____

When was the student last considered to be a full-time student at your institution?

Semester _____ Year _____ Date the semester ended _____

If the student has been granted practical training, please indicate the type and dates: _____

I certify that I have provided correct information. Signature of School Official: _____

Print Name of School Official _____ Date (MM/DD/YY) _____

Title _____ Phone Number (____) _____

Institution Name and Address _____

For J-1 Students

Attach a copy of the current DS-2019 and I-94 (both sides).

SEVIS ID # _____

What is the SEVIS release date? (MM/DD/YY) ____ / ____ / ____

Student's I-94 (Admission) Number: _____

To the best of your knowledge, is the student currently in status? YES NO If not, please explain: _____

Has the student obtained Academic Training permission? YES NO

If so, please list dates: _____

I certify that I have provided correct information. Signature of School Official: _____

Print Name of School Official _____ Date (MM/DD/YY) _____

Title _____ Phone Number (____) _____

Institution Name and Address _____



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Rev. 10/03