



## SEVIS TRANSFER RELEASE REQUEST

For F-1 Students transferring in to the University of Wisconsin Oshkosh  
(Fox Valley, Fond du Lac or Oshkosh campus)

### Instructions:

- Complete Section 1 of this form.
- Visit the international student office at your current school and determine an appropriate "Transfer release date" for your SEVIS transfer. The release date must be:
  - After you have completed all coursework and employment at your current school.
  - No later than 60 days after completion of studies or OPT at your current school.
  - At least one week before the start of classes on our Oshkosh; Fox Valley or Fond du Lac campus.
- Request that an international student advisor at your current school complete Section 2 of this form and email it to [iss@uwosh.edu](mailto:iss@uwosh.edu).

### Section 1: To be completed by the international student

Print your name as it appears in your passport: \_\_\_\_\_

Dates of Attendance at Current School (Month/Year): From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

I authorize my current school to provide the information requested below to **(check your campus)**:

- University of Wisconsin Oshkosh (School Code: CHI214F20164000)
- University of Wisconsin Oshkosh Fox Valley (School Code: CHI214F20164001)
- University of Wisconsin Oshkosh Fond Du Lac (School Code: CHI214F20164002)

*I confirm that the above information is accurate and authorize my current school to provide information as requested below to the University of Wisconsin Oshkosh for the purpose of transferring my SEVIS record.*

*I understand that if I leave the US after my SEVIS record is transferred, I must use my University of Wisconsin Oshkosh I-20 to re-enter the US.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Section 2: To be completed by the International Student Office (DSO) at my current school

Is this student in valid F-1 status?  YES  NO If no, please explain: \_\_\_\_\_

Is this student in good financial standing with your school?  YES  NO If no, please explain: \_\_\_\_\_

Has this student been authorized for a reduced course load in SEVIS?  YES  NO

What is the student's last date of enrollment (or OPT) at your school? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

SEVIS ID # \_\_\_\_\_

Transfer Release Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*I certify that I am an authorized DSO and that the information above is correct. I will transfer the student's record to the University that was checked in Section 1 of this form.*

\_\_\_\_\_  
DSO Name and Title

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
DSO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address