STUDENT: You are required to obtain a release prior to being accepted to Kennesaw State University’s Intensive English Program Center. Please take this form to the International Office at the school you are currently attending to be completed. You may fax the form to the above number or submit it to the Intensive English Program Center.

SEVIS TRANSFER REQUEST
Kennesaw State University School code ATL214F00582000

Date: ____________________________________

Name: ____________________________________________  Signature: __________________________________

TO WHOM IT MAY CONCERN:

The above-mentioned student is applying to Kennesaw State University’s Intensive English Program Center. Immigration and Naturalization Service (INS) regulations require confirmation that s/he has been pursuing a full course study at your institution as well as the “transfer release date” before the transfer to this institution can be processed and submitted via SEVIS.

Last date enrolled at your institution: ____________________________________________________________

Has the student taken any authorized vacation periods at your school? ________ Yes          ________ No
If Yes, when? ____________________________________________________________

Has the student had any attendance, disciplinary, or financial issues at your school? ________ Yes          ________ No
If Yes, please explain: ___________________________________________________________________________________

Is the student is in valid F-1 status: _________________Yes              _________________ No
If No: ______ A reinstatement to student status is pending. (Copies of documents filed with the INS are enclosed).
        ______ Student has been advised that a reinstatement will be required upon enrollment at the new school.

Final date to be transferred in valid F-1 status: __________________________________________________________

Transfer Release Date in SEVIS: _____________________________________________________________________
(Do not transfer I-20 until student has been accepted to KSU’s Intensive English Program).

Name of DSO ____________________________________________  Signature of DSO ____________________________

Title of DSO ____________________________________________  Email Address ____________________________

Name of Institution ____________________________________________  Telephone Number ____________________________

Address of Institution ____________________________________________  Fax Number ____________________________