TRANSFER VERIFICATION FORM

Students may not have more than a 5 month gap in between school transfers. This includes end of OPT at one school and next program start date at KSU. Please be reminded that transferring a SEVIS record during authorized OPT will cancel any employment authorization.

STEP ONE: To be completed by the student:

According to FERPA regulation, I give permission to the international student advisor or Designated School Official of the below named school to verify my information and to release my electronic SEVIS record to Kennesaw State University. ATL214F00582000

Student Signature: ____________________________ Date: _______________

Name: ____________________________________

(Family Name) (First Name) (Middle Name)

Phone: (____) ___________ Email: ______________________________

STEP TWO: Please take this form to your current International Students Office.

To be completed by International Student Advisor:

SEVIS ID #:____________________________________

Transfer Release Date: __________________________

Dates of enrollment at your institution: ________________ to ________________

☐ The student is in good standing and has been pursuing a full course of study or has been reinstated to proper student status by INS.

☐ The student is out of status; or a reinstatement to proper status was filed on ________________ and is pending (copies of documents filed with INS are enclosed).

Periods of authorized CPT: ______________________________

Periods of authorized OPT: ______________________________

Student to be released to Kennesaw State University (School Code: ATL214F00582000)

I certify that the above is correct.

__________________________________________________________
Signature of DSO

Print Name

Title

Date

Name and Address of Institution

Telephone

Please, email or mail this form to:
SEVIS@kennesaw.edu, Division of Global Affairs
Office: 678-915-5293
Kennesaw State University, 1100 S. Marietta Pkwy, Student Center Suite 160e, Marietta, GA 30060