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.

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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. 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 in valid F-1 status: _________________Yes _________________ No
If No: ______ A reinstatement to student status is pending. (Copies of documents filed with USCIS 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 ____________________________