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: _______________ mm/dd/yyyy

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 USCIS.

☐ The student is out of status; or a reinstatement to proper status was filed on _______________ and is pending (copies of documents filed with USCIS 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.

________________________________________ Date

Signature of DSO

Print Name

Title

Name and Address of Institution Telephone

Please email or mail this form to:
SEVIS@kennesaw.edu
Office Fax: 470-578-9171
Kennesaw State University, International Student and Scholar Svcs., 3391 Town Point Dr., STE 1700, Kennesaw, GA 30144