

**STUDENT REQUEST**  
Processing Time: ONE WEEK

**FOR SEVIS TRANSFER TO THE UNIVERSITY OF COLORADO COLORADO SPRINGS**

Complete and sign Section 1 below and give the **signed form** to your current school's Designated School Official or Responsible Officer to complete Section 2 as soon as possible.

**SECTION 1 to be completed and signed by student**

**Student Full Name:** \_\_\_\_\_ **Student Date of Birth:** \_\_\_\_\_

**Do you plan to travel outside the U.S. between the end of the term at your current school and the beginning of the term at UCCS? No: \_\_\_; Yes: leaving on \_\_\_\_\_ returning on \_\_\_\_\_**

1. If you have dependents, please list them on an additional piece of paper with their family name or surname, first name, date of birth, country of birth, gender, and your relationship to them and **attach the information and a copy of their passports to this form.**
2. Sign this release of information statement below and give this form to a Designated School Official/Responsible Officer at the school you now attend or most recently attended:

I grant permission for the information requested below to be released to the University of Colorado Colorado Springs.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**SECTION 2**  
**TO BE COMPLETED BY A DESIGNATED SCHOOL OFFICIAL ONLY**

The above named student is academically eligible for admission to the University of Colorado - Colorado Springs (DEN214F00219000 / P-1-05045) and has requested a SEVIS transfer. In compliance with INS regulations, the Office of Admissions and Records requests confirmation of the above named student's current status before issuing a Certificate of Eligibility for official transfer to the University of Colorado Colorado Springs. Please **complete the information requested below and fax to 719-255-3116 or email it to [iss@uccs.edu](mailto:iss@uccs.edu)** as your earliest convenience. Thank you for your time and cooperation.

1. SEVIS Number \_\_\_\_\_ DS-2019 \_\_\_ I-20

2. Program completion date on current Form I-20/DS-2019 \_\_\_\_\_ and education level \_\_\_\_\_

3. Check all that apply

- The student is in status and is/has been pursuing a full course of study.
- The student is not in status and/or has not always been pursuing a full course of study.

Reason(s) and term(s) for student not being in status and/or not pursuing a full course of study (RCL info):

\_\_\_\_\_

Other (i.e. OPT/CPT dates with FT/PT info):

\_\_\_\_\_

4. Last date student was/will be enrolled at your institution Month \_\_\_\_/Day \_\_\_\_/Year \_\_\_\_

5. **Date of SEVIS release Month \_\_\_\_/Day \_\_\_\_/Year \_\_\_\_ (REQUIRED in order to issue I-20/DS-2019).**

6. \_\_\_\_\_  
Name and Title of Designated School Official Completing this Form (Print)

7. \_\_\_\_\_  
Signature Date

8. \_\_\_\_\_  
Name of Institution

9. \_\_\_\_\_  
E-mail Address or Telephone Number