

SEVIS Transfer Form

To be completed by the F-1 Student:

Last Name (Family/Surname) _____

First (Given) Name _____

Present U.S. Address (number, street, apartment) _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

When is your enrollment expected to begin at Davenport University?

Year _____ Fall Winter Spring/Summer**Select the campus where you wish to attend:** Grand Rapids, W.A. Lettinga (DET214F00301000) Lansing Campus (DET214F003010011) Warren Campus (DET214F00301022)**SEVIS Search: Davenport***

I authorize my current institution to release my SEVIS file and provide the following information to Davenport University.

Student's Signature _____ Date (mm/dd/yyyy) _____

To be completed by the Designated School Official:Do **NOT** release student's SEVIS records until Davenport University admits student.

SEVIS release date (mm/dd/yyyy) _____

Student's SEVIS ID Number: N _____

Currently in active F-1 status? Yes No

If no, please explain: _____

OPT/CPT granted? Yes No If yes, provide information: _____

Name of P/DSO _____

Institution name _____

Institution SEVIS ID _____

Signature of P/DSO _____ Date (mm/dd/yyyy) _____

Email _____ Phone _____

Locations**Grand Rapids: W.A. Lettinga**

6191 Kraft Avenue SE

Grand Rapids, MI 49512

Lansing

200 S. Grand Ave.

Lansing, MI 48933

Warren

27650 Dequindre Road

Warren, MI 48092