

To the International Student: Please complete section 1 and submit this form together with a copy of your SIU Admit Letter to the International Student Advisor at your current/last U.S institution.

To the DSO/International Student Advisor: the student who filled out section 1 is requesting that his/her SEVIS record be transferred to Southern Illinois University Please fill out section 2 and transfer the record to school code **CHI214F01061000**.

Section 1 (to be completed by the student)

Last name:		Given names:	
Current institution id:		SIU Dawg tag Number (9 digits)	
I will start the following program at Southern Illinois University: <input type="checkbox"/> Master <input type="checkbox"/> Doctoral			
US Address (do not enter a P.O. Box address) Street & apt. #:			
City	State/Province	Zip code	
SEVIS/Home Country Address (This is your home country address, not your U.S. address – do not enter a P.O. Box address) Address Line 1			
Address Line 2			
City	State/Province	Postal code/Zip/Pin	Country
I hereby request the Designated School Office (DSO) to release my record and provide my information to Southern Illinois University, school code: CHI214F01061000			
I understand I must be enrolled full-time no later than the late registration and add/drop deadline published in the SIU academic calendar, and that I must complete the new student check-in with the Center for International Education upon arrival on campus			
Student's signature			Date

Section 2 (to be completed by the International Student Advisor or DSO)

SEVIS release date (MM/DD/YYYY): _____	SEVIS ID Number: _____
<small>(Current program or OPT end date – an actual date is needed, please do not write "at end of program")</small>	
Please choose one of the following:	
<input type="checkbox"/> This student is in good standing and is/was enrolled in a full course of study. Last day of attendance/OPT: _____ <input type="checkbox"/>	
<input type="checkbox"/> This student is out of status and will not be transferred.	
Comments: _____	
DSO information	
Name (please print): _____	E-mail: _____
Institution name: _____	Phone: _____
Institution address: _____	

DSO signature	Date