



# Notice of Intent to Transfer

**Cedarville University**  
Office of International Students Services

251 N. Main St., Cedarville, OH 45314  
Phone: (937) 766-7681, Fax: (937) 766-7663

## Please Type or Print

**To the Student:** All students who currently hold a valid F-1 student visa may request a transfer of their Student and Exchange Visitor Information System (SEVIS) record to Cedarville University. To do so, this form must be completed by the student and the International Student Advisor or Designated School Official (DSO) at the school the student currently attends.

**To the International Student Advisor or DSO:** The student named below has been admitted to Cedarville University. Your assistance is appreciated in completing Section 2 below and returning this form by fax or mail to the address listed at the top of this page. **SEVIS release to: CLE214F00341000 "Cedarville University Cedarville University"**

## Section 1: To Be Completed By the Student

Surname (Family) Name		Given Name	Middle Name
Date of Birth (MM/DD/YYYY)		Daytime Phone Number	Country of Citizenship
Email Address			Country of Birth
Semester and Year you will begin study at Cedarville University: Fall          Spring          Year:		Anticipated course of study (Degree/major)	
I permit the information requested below to be forwarded to Cedarville University:			
Signature		Date Signed (MM/DD/YYYY)	

## Section 2: To Be Completed by the International Student Advisor or DSO

SEVIS ID	Anticipated SEVIS Release Date (MM/DD/YYYY)	
Program of Study (Degree/major)	Date student first enrolled at your institution (MM/DD/YYYY):	
	Date of student's last day at your institution (MM/DD/YYYY):	
Authorized Optional Practical Training Dates (If Applicable)	OPT Start Date:	OPT End Date:
To the best of your knowledge, is this student in good standing based on CIS regulations?	Yes	No
Do you recommend the transfer of this student to our school?	Yes	No
If you answered "no" to either question above, please explain:		
Date student last re-entered the U.S. from travel abroad, if known (MM/DD/YYYY):		
Please indicate if the student has any outstanding financial obligation to your school:		
Comments		

## International Student Advisor / DSO Information

Name	Title
Institution Name and Location	
Email Address	Phone Number
Signature	Date Signed (MM/DD/YYYY)