



# International Student Services

SOUTHEASTERN OKLAHOMA STATE UNIVERSITY  
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## *ADVISOR'S REPORT - Transfer In Form*

**TO THE PROSPECTIVE STUDENT:** After you and an official at your current school complete this form and submit it to us, your documents will be reviewed and we may issue an I-20 from Southeastern Oklahoma State University if you are accepted.

I give permission for my current institution to release the following information. I have decided to transfer from:

(College/University)	(City, State)	
(Date)	(Student's Printed Name)	(Student's Signature)

**TO THE INTERNATIONAL ADVISOR:** The above named student has decided to transfer to our university. Please complete the portion below. **Do not release SEVIS record until student provides you an acceptance letter.** Southeastern Oklahoma State University's SEVIS School Code: **DAL214F10416000**

Student's visa type \_\_\_\_\_ Student SEVIS ID Number: N \_\_\_\_\_

First semester/quarter/session in attendance at your institution: \_\_\_\_\_

Last semester/quarter/session in attendance at your institution: \_\_\_\_\_

Did student attend another US institution before yours? No \_\_\_\_\_ Yes/Where \_\_\_\_\_

Is student pursuing a full course of study and maintaining F-1 status? No \_\_\_\_\_ Yes \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Is student out of status and must file for reinstatement? No \_\_\_\_\_ Yes \_\_\_\_\_

Has student been granted off-campus/practical training employment? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, specify type/s and dates \_\_\_\_\_

SEVIS release date (after you receive acceptance letter from student) \_\_\_\_\_

P/DSO Email Address: \_\_\_\_\_

P/DSO Phone Number: \_\_\_\_\_

(Printed Name of P/DSO)	(Signature of P/DSO)	(Date)
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(Name of Institution )	(SEVIS School Code)
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*Thank you for your assistance. Please scan and e-mail this form to: [iss@se.edu](mailto:iss@se.edu) OR mail to: Southeastern Oklahoma State University, International Student Office, 425 W University Blvd, Durant, OK 74701-0609.*