

**To the international student:** Please complete section 1 and submit this form together with a copy of your Arizona State University letter of admission to the international student advisor at your current or 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 Arizona State University. Please fill out section 2 and transfer the record to school code **PHO214F00127000**, regardless of the campus mentioned in the admit letter.

**Section 1** (to be completed by the student)

Last name:		Given names:	
Current institution ID:		ASU ID #: (10 digits)	
I will start the following program at Arizona State University: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral			
U.S. address (do not enter a P.O. Box address) Street and 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 Arizona State University, school code: <b>PHO214F00127000</b>			
I understand I must be enrolled full time no later than the late registration and add/drop deadline published in the ASU academic calendar, and that I must complete the new student check-in with the International Students and Scholars Center before the first day of classes.			
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"/> This student is out of status and will not be transferred.			
Comments: _____			
DSO information			
Name (please print): _____		email: _____	
Institution name: _____		Phone: _____	
Institution address: _____			
DSO signature _____			Date _____