

# SEVIS Transfer Form

**To be completed by the F-1 Student:**

Last Name (family name) \_\_\_\_\_

First 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  Summer**Select the campus where you wish to attend:** Grand Rapids, W.A. Lettinga (DET214F00301000) Lansing Campus (DET214F003010011) Livonia Campus (DET214F00591000) Warren Campus (DET214F00591001)**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**Livonia**19499 Victor Parkway  
Livonia, MI 48152**Warren**27650 Dequindre Road  
Warren, MI 48092