



International Student Office F-1 SEVIS Transfer-In Form

Student's Full Name: _____
(As seen on passport) Last Name First Name Middle Name

SEVIS ID# _____ TMUS ID#: _____

Date of Birth: _____ Term Admitted to TMUS: _____
Month Day Year

Degree Objective: Bachelor's Master's Doctorate

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL (DSO)

School/Institution Name: _____

Address: _____
Street Address

_____ City State Zip Code

When was the student's last enrollment at your institution? _____
Month Day Year

Is the student currently engaging in Post-Completion OPT? Yes No

If yes, what is the student's EAD Card end date? _____
Month Day Year

Has the student maintained valid F-1 status? Yes No

SEVIS Release Date: _____
(Date SEVIS record will be released to TMUS) Month Day Year

(continued on second page)



THE MASTER'S
UNIVERSITY



THE MASTER'S
SEMINARY

Please release student's SEVIS record to – The Master's University and Seminary (LOS214F01184000).

Name and Title of DSO: _____

Email: _____ Telephone #: _____

Signature of DSO: _____ Date: _____

Instruction for DSO: Return completed SEVIS Transfer-In Form to above-named student.

Instruction for Student: Submit completed form to Josh English (TMU) or Christine Dixon (TMS).

FOR OFFICE USE:

Date Received: _____

Date Emailed/Completed: _____