

SEVIS INFORMATION FORM

This is a <u>preliminary form that helps our office to determine the student's eligibility</u> for SEVIS record transfer. The student named below has indicated his/her intention to transfer to the University of Central Arkansas (UCA).

Please email completed form to: internationaladmission@uca.edu

SECTION	NA: Student Info	rmation (to be completed by the st	zudent)	
Student's Nan	ne:			
(Family name)		(First)	(Middle)	
Date of Birth: / / (Month/Day/Year)		Country of Ci	tizenship:	
I hereby autho	orize the below release o	of the information to UCA.		
		Student Signature:	Date:	
SECTION	N B: SEVIS Info	rmation (to be completed by the	current Designated School Official-DSO)	
SEVIS Release Date:		SEVIS I.D. Num	SEVIS I.D. Number:	
		versity of Central Arkansas's School Code i		
1.	Student's non-immig	grant status: F-1 J-1 Other	(please specify)	
2.	•	nowledge, has the student maintained all re If no, please explain in the comments section	quirements to maintain their nonimmigrant status? n below)	
3.	If the student is not in good standing, has an application for reinstatement been filed? Yes No (Do NOT transfer SEVIS Record in COMPLETED or TERMINATED status unless an approval received from UCA DSO)			
4.	What are the dates of	f enrollment at your school?		
	Beginning	Last Enrol	led	
5.	. Please indicate any period of off-campus employment authorization (OPT or CPT) granted to this student:			
Co	omments:			
Name of DSO	:	School:		
Signature of D	OSO:	Date:		

Please email completed form to: internationaladmission@uca.edu

University of Central Arkansas McCastlain Hall, Suite 109 201 Donaghey Ave. Conway, AR 72035 USA Phone: 501.450.3445

Do not transfer student's SEVIS record until letter of admission is issued.