SEVIS Transfer Form
for F-1 students coming to Western Illinois University from another US institution

Admitted students in F-1 immigration status who plan to attend Western Illinois University must submit this completed form to the International Admissions Office before an I-20 form can be issued. You must also adhere to your SEVIS release date requirement.

PART I: TO BE COMPLETED BY THE STUDENT

1. Name as it appears on your passport ____________________________________________

   Last (Family or Surname) ____________________________________________

   First (Given name) ____________________________________________

2. Month/Day/Year of Birth________________________

3. Term and year you intend to begin your studies at Western Illinois University:
   ☐ Fall (August) 20__ ☐ spring (January) 20__ ☐ summer (June) 20__

4. Will you be traveling outside the US between the end of the term at your current school and the beginning of your studies at WIU? ☐ No ☐ Yes, I will leave the US on (month/day/year):________________________

5. Do you have dependents currently in the US in F-2 status? ☐ Yes, see below ☐ No (proceed to item 6)

   Spouse ___________________________________________________________

   Last (Family or Surname) ____________________________________________

   First (Given name) ____________________________________________

   Middle Name ____________________________________________

   Month/Day/Year of Birth ____________________________________________

   Country of Birth ____________________________________________

   Country of Citizenship ____________________________________________

   Child ___________________________________________________________

   Last (Family or Surname) ____________________________________________

   First (Given name) ____________________________________________

   Middle Name ____________________________________________

   Month/Day/Year of Birth ____________________________________________

   Country of Birth ____________________________________________

   Country of Citizenship ____________________________________________

   (If you have additional dependents here in F-2 status, attach another sheet of paper with the required information)

6. Verification ___________________________________________________________

   Signature of Student ____________________________________________

   Date ____________________________________________

   Current Mailing Address:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

A Designated School Official must complete the reverse side of this form
PART II: TO BE COMPLETED BY A DESIGNATED SCHOOL OFFICIAL AT YOUR CURRENT INSTITUTION

1. Name of School ___________________________ CIS School Code __________________________

2. Month/Year of this student’s most recent enrollment at your institution __________________________

3. Has this student maintained valid F-1 status? Yes ☐ No ☐ (explain): __________________________

4. Has this student been granted curricular or optional practical training? Yes ☐ No ☐
   - Full-time ☐ Part-time ☐ (indicate the type and period(s) authorized): __________________________

   Has this student been authorized for part-time enrollment in SEVIS? Yes ☐ No ☐
   - If yes, indicate reason:
     □ Illness or medical condition (total number of months authorized: )
     □ Improper course level placement
     □ Initial difficulty with the English language
     □ Unfamiliarity with American teaching methods
     □ Initial difficulty with reading requirements
     □ To complete the course of study in current term

5. Anticipated SEVIS release date __________________________

6. Student’s SEVIS ID Number __________________________

   Note: To transfer, select “Western Illinois University” in SEVIS. Our school code is: CHI214F01081000

7. Verification

   Signature of Designated School Official __________________________ Date __________________________

   Name (print) of Designated School Official __________________________

   Telephone Number __________________________ Fax __________________________ E-mail Address __________________________

8. Comments: __________________________

   __________________________

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