



SEVIS Transfer to ULM

School Code: NOL214F00117000

Part I: To be completed by student

Surname: _____ Given Name: _____
(Please write your name **exactly** as it appears on your passport.)

Date of Birth (mm/dd/yyyy): _____ Email: _____

Current U.S. Address: _____
Street Number and Name City/State/Zip Code

Please release the following information to the University of Louisiana Monroe, Office of International Student Services

Student Signature: _____ Date: _____

Part II: To be completed by PDSO/DSO

This student has been accepted for admission and wishes to transfer to the University of Louisiana Monroe for the next school term. Please provide the following information and email the completed form to international@ulm.edu or send by postal mail to: The University of Louisiana Monroe, Office of International Student Services, 700 University Ave, Sandel Hall 200, Monroe, LA 71209

School Name: _____ School SEVIS Code: _____

Student's SEVIS ID: _____ Current SEVIS Status: _____

Is this student eligible to re-enroll at your school? YES NO SEVIS Release Date: _____

Dates of Full-time Attendance (mm/yyyy to mm/yyyy): _____ to _____

Is this student currently in OPT or CPT? YES NO If "Yes", provide approval dates: _____

Name of PDSO/DSO completing this form: _____
(Please print name)

Phone Number: _____ Email: _____

PDSO/DSO Signature: _____ Date: _____