



Loyola University Maryland  
Office of International Student Services  
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Baltimore, MD 21210  
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# SEVIS Transfer- IN Form

If you are currently in F-1 status and have been admitted to Loyola University Maryland, you must complete this form in order for your F-1 SEVIS Immigration Record to be transferred to Loyola. Please fill out the top section, and have an international student advisor at your current school fill out the bottom section. Note: You will not be issued a Loyola Form I-20 until your current school transfers your SEVIS record to Loyola University Maryland. **LOYOLA'S BALTIMORE CAMPUS SCHOOL CODE: BAL214F00009000.**

## TO BE COMPLETED BY STUDENT

Last/Family Name:		First/Given Name:			
Loyola Student ID #:		Email:		Phone Number:	
Date of Birth (MM/DD/YYYY):		SEVIS ID #:			
Do you plan to travel outside the U.S. prior to starting your program at Loyola University Maryland? If yes, indicate your expected travel dates (time outside the U.S.): From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____					
I authorize my current institution to provide the information requested below to Loyola University Maryland. I understand that I must use a Loyola Form I-20 to re-enter the U.S. between attendances at my two schools.					
Student Signature: _____			Date: _____		

## TO BE COMPLETED BY AN INTERNATIONAL STUDENT ADVISOR AT CURRENT SCHOOL:

The student names on this form has indicated he/she would like to transfer to Loyola University Maryland. Please provide the student's SEVIS ID and confer with the student to determine his/her Release Date:

**NOTE: IN SEVIS, THE STUDENT SHOULD BE TRANSFERRED TO LOYOLA UNIVERSITY MARYLAND, BALTIMORE CAMPUS, SCHOOL CODE: BAL214F00009000**

Institution:		SEVIS Code:	
Address:			
<input type="checkbox"/> To the best of my knowledge, this student is in valid F-1 status and is eligible for transfer:			
• Has the student been authorized for a reduced course load in SEVIS?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes: <input type="checkbox"/> Academic <input type="checkbox"/> Medical Semesters: _____ Program Level: _____			
• Has the student been authorized for practical training?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes: <input type="checkbox"/> CPT <input type="checkbox"/> OPT Dates: _____ Program Level: _____			
Dates of enrollment at your institution or OPT: From: _____ To: _____			
TRANSFER RELEASE DATE (do not submit if release date is not yet determined): Date: _____			
If "No" to any of the above, please explain:			

<b>Transfer the student's record to: "Loyola University Maryland, Baltimore Campus" (School Code: BAL214F00009000)</b>			
<b>DSO Signature:</b>		<b>Date:</b>	
<b>DSO Printed Name</b>		<b>Title:</b>	
<b>Email:</b>		<b>Phone:</b>	

*Thank you for your time and assistance in providing the requested information.*