

SEVIS Transfer Recommendation

The following information is necessary to determine your eligibility for Admission to the University of the Incarnate Word (UIW). *Please complete, sign and date Section A of this form*. Once you have completed Section A, have the International Student Advisor and/or the DSO/PDSO at the school you are currently attending complete Section B. <u>Your admission letter</u> <u>will not be issued and your SEVIS record will not be accepted by UIW</u> until your current school has completed this form and you have been admitted to UIW.

SECTION A (to be completed by student)

Semester of intended enroll	ment at UIW- SEMESTER	: 🛛 Summer 🕻	Fall 🛛 Spring	YEAR:
Applying for: D Bachelors P	rogram 🛛 Masters Pro	ogram 🗖 Pl	nD Program	
Will you travel out of the U.S	5. before starting at UIW	? 🗖 No 🗖 Yes	- If yes, date of tra	avel
Name per your Passport:				
				(Middle Name)
U.S. Address:				
Student ID# assigned to you	by UIW (if known):			
I authorize the release of the	information above to th	ne University of	the Incarnate Wo	rd, San Antonio, Texas.
Signature:		_ Date:	Те	l: ()
****	*****	*****	*****	*****
SECTION B (to be complet	ed by International St	udent Advisor	/DSO/PDSO)	
Student's SEVIS ID Number:	SEVIS Release Date:			
Please do not release actual SEVIS record until student presents evidence of current UIW Admission letter. Thank you for your cooperation.				
1. Is this student currently en	nrolled at your institution	n? 🛛 Yes 🖵 N	o Date of last att	endance:
2. Is this student eligible to c Circumstances:	•		o If answer is "n	o," please explain
3. Has this student complete			Date of comple	etion:
4. Has this student been aut		•		
Date of any OPT/CPT perio	, ,	-		
5. Is student eligible for tran				
contact our office before trans	-			
				Date
Signature	Name/Title			Dute
		T -1 /	N	Freed
Institution's Name:		i ei: (_)	Email
UIW's School Code is SNA214F Upon completion, please emai		n to <u>intl@uiwtx.e</u>	<u>du</u> .	