

F-1 SEVIS TRANSFER-IN FORM

Last Name:				(as appears on passport)			
			Date of Birth:_				
SEVIS ID: N			Term Admitted	Term Admitted to UCLA:			
Degree Object	ive:	Bachelor's	Master's	Doctorate	Other		
Current School / Institution Information (Can be completed by student)							
School / Inst	itution Name	:					
Address:							
	(Street Address)			Building / Suite #			
	(City)		(State)	(Zip Code)			
When was vo	ur last date o	f enrollment at you	ir current school?				
When was yo				Month	Day	Year	
Are you currently engaging in OPT or STEM OPT Extension?				YES	NO		
 If yes, 	what is the la	ist date of your em	ployment?				
		-		Month	Day	Year	
Have you maintained valid F-1 status?				YES	NO		
	EASE DATE	released to UCLA)		Month	Day	Year	

Instructions for DSO: Please release student's active SEVIS record to UCLA with our SEVIS Code: University of California, Los Angeles - LOS214F00297000

Instructions for Student: Upload the completed form to the UCLA online I-20 Request Portal.