

TRANSFER VERIFICATION FORM



**Office of International Students
and Scholars MS/074**
120 Fitzgerald Student Services Bldg.
Reno, NV 89557-0144
(775) 784-6874
Fax: (775) 327-5845
EMAIL: ois@unr.edu
<http://www.unr.edu/oiss>

International students who are attending or have attended another U.S. institution within the last 6 months must complete the section below. The international student advisor of the institution should complete the indicated section of this form and mail or fax it to our office.

Student must complete this section (please attach copies of current I-20/DS-2019, visa stamp, and front and back of I-94 card):

Name _____
Family Name Given Name Middle Name Date of Birth

Current Physical Address _____
Street # Street Name Apt. # City State Zip Code

Address in Home Country _____
Street Name or P.O. Box City State/Province Postal Code Country

Telephone _____ E-mail _____

SEVIS ID Number: _____ (I-94 #) _____

Do you have a spouse or child that will accompany you? Yes No

If yes, please provide additional financial documentation in the amount of \$7,000 for spouse and \$3,000 for each child. **Please list your dependents' information on a separate page and attach copies of each dependent I-20/DS-2019 and I-94 card. (Family Name, First Name, Relationship to student, Date of Birth, City of Birth, Country of Birth, Country of Citizenship, Country of Permanent Residence and SEVIS ID Number).**

I request and authorize my international student advisor or authorized campus officer to provide any required information regarding my student immigration status for my application to the University of Nevada, Reno.
Signature _____ Date _____

International Student Advisor/Designated School Official must complete this section:

Dates of Attendance: **From:** _____ **To:** _____ **SEVIS Release Date:** _____

Nonimmigrant Status: F1 J1 Has this student maintained his/her visa status? Yes No
If no, please explain: _____

Has this student used any Optional Practical Training or Curricular Practical Training? Yes No
If yes, please give dates: **OPT:** _____ **CPT:** _____

Do you have any additional comments regarding this student?

Signature of School Official/Date Print Name & Title Institution Name

Address Telephone Fax Email