



Nicholls State University

International Student Services

P.O. Box 2368 | Thibodaux, LA 70310 | 985.449.7038

SEVIS Transfer Request Form

Please complete and sign the first part of this form and bring it to your current International Adviser to request a transfer of your SEVIS record. The completed form can be emailed to nicholls.iss@nicholls.edu

Name: _____

Email: _____ Nicholls ID#: _____

I intend to transfer to Nicholls State University (SEVIS School Code: NOL214F00050000) for the _____ semester (e.g. Fall 2023).

I hereby grant permission for the information below to be released to Nicholls State University.

Student Signature

Date

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

The above student intends to transfer to Nicholls State University for the semester stated above. The university is requesting the following information so that we may determine the student's eligibility to transfer.

SEVIS Number: _____ SEVIS Record Release Date: _____

Was the student registered full-time each semester of study at your institution? Yes No

If applicable, please list dates of authorized reduced course load(s):

_____ to _____

Please indicate dates of enrollment: _____ to _____

Was the student approved for any periods of practical training? Yes No

OPT Dates: Pre-Completion/Post-Completion: _____

CPT Dates: _____

To your knowledge, has the student maintained their non-immigrant (F1) status? Yes No

Name and Title: _____

Institution: _____

Phone: _____ Email: _____

DSO Signature

Date