

# F-1 Status History

## Part A: To the student

Please complete Part A of this form and then give the form to the Designated School Official (DSO) of your current school to complete Part B. Your current DSO will mail or fax the form to Marquette University as indicated on the form.

Student Name: \_\_\_\_\_  
(family name) (first given name) (second given name)

Date of birth: \_\_\_\_\_ I-94 Admission Number: \_\_\_\_\_  
(month/date/year) (eleven digits)

Proposed Date of Enrollment at Marquette University: \_\_\_\_\_  
(month and year)

"I hereby request and authorize the Designated School Official (DSO) of the school named in Part B of this form to complete and send this form to a DSO of Marquette University and to answer any additional questions about me that a Marquette DSO may ask regarding my F-1 status and transfer to Marquette."

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part B: To the Designated School Official (DSO)

Please complete the following information and return this form by postal mail or fax both sides to the address at the end of this form. You are welcome to contact a DSO at Marquette University if there are questions. Thank you very much for your assistance.

If this student holds valid F-1 status to transfer via SEVIS from your school to Marquette University for the proposed date of enrollment indicated above, please complete section B-1. If this student is **not** eligible to transfer via SEVIS as indicated, please skip B-1 and complete section B-2. Then please complete Section B-3 including your signature and contact information and return it to Marquette as indicated.

### Section B-1: (Student is eligible for this transfer via SEVIS)

What is the name of your school as listed in SEVIS: \_\_\_\_\_

What is the student's SEVIS ID number: \_\_\_\_\_

Does the student now have F-2 dependents? \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
(yes or no)

Please circle the student's current or most recent level of study at your school:

Intensive ESL	High School	Associate Degree	Bachelor's Degree	Master's Degree	Doctoral Degree	Other: _____
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What is the date of the student's completion of studies in that program: \_\_\_\_\_  
(month/date/year)

While in that level of study, has the student been approved for any reduced course loads? \_\_\_ No \_\_\_ Yes  
 If yes, please state the type of RCL (such as academic or medical) and the dates:

\_\_\_\_\_  
 \_\_\_\_\_

While in that level of study, has the student received authorization for practical training? \_\_\_ No \_\_\_ Yes  
If yes, please state the types (CPT or OPT), whether full- or part-time, and the dates:

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What SEVIS release date have you assigned for this student transfer to Marquette? \_\_\_\_\_  
(month/date/year)

**Section B-2: (Student is not eligible for this transfer via SEVIS)**

Please indicate the reason(s) that the student is not eligible for this SEVIS transfer procedure:

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If the student is not enrolled at your school, when was the student last enrolled: \_\_\_\_\_  
(month/date/year)

If the student does not hold valid F-1 status, have you issued a Form I-20 for reinstatement? \_\_\_\_\_  
(yes or no)

If yes, on what date did you issue the reinstatement Form I-20? \_\_\_\_\_  
(month/date/year)

**Section B-3: (Certification by DSO of student's current school)**

Please mark one of the two following statements, sign and complete the requested contact information, and return this form to Marquette University at the address indicated. Thank you very much.

\_\_\_ "I believe this student is not eligible to use the SEVIS transfer procedure for F-1 students."

\_\_\_ "I believe this student now holds valid F-1 status. I understand that the student will be eligible to transfer via SEVIS only if he or she maintains F-1 status until the SEVIS release date. If the student violates F-1 status by that date, I will cancel the student's pending transfer and release date in SEVIS."

Signature of Designated School Official: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

City and State of Institution: \_\_\_\_\_

DSO Telephone: \_\_\_\_\_ DSO E-mail: \_\_\_\_\_

Please return this form by mail or fax (both sides) to:

Susan Whipple, Assistant Director  
Office of International Education (OIE)  
Alumni Memorial Union room 425  
Marquette University  
Milwaukee, WI 53201-1881

Telephone 414 288 7289

Facsimile 414 288 3701