

**SEVIS Record Transfer Verification Form****Eligibility**

This form is required for all international students admitted to a full-time program at Bryant University and who are currently enrolled or are in a period of post-completion OPT at another DHS approved U.S. educational institution.

The information contained will be used to issue your SEVIS I-20 and complete the transfer process as directed by the DHS. Bryant University I-20 cannot be issued until this form is complete AND SEVIS record transfer date listed below has passed.

Part I: To be completed by the student requesting a transfer of **ACTIVE** SEVIS record

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First Middle mm/dd/yyyy*

Start date of the program that you intend to enroll at Bryant University: \_\_\_\_\_  
*mm/dd/yyyy*

Student's SEVIS ID#: \_\_\_\_\_ Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

By signing this form, I authorize International Student Advisor (P/DSO) at my current school to complete Part II and to release my **ACTIVE** SEVIS record to Bryant University. (Please note that your current OPT authorization ends on the date that your SEVIS record is released.)

\_\_\_\_\_  
*Signature Date*

Part II: To be completed by an International Student Advisor (P/DSO)

Name of Institution: \_\_\_\_\_

What was the date/will be the last date of enrollment at your school? \_\_\_\_\_ Never attended

List any periods of OPT, if applicable: \_\_\_\_\_

To the best of your knowledge, this student is in status and eligible to transfer to Bryant University

Yes No (If no, please explain): \_\_\_\_\_

SEVIS Record Release Date: \_\_\_\_\_ Bryant University School Code: BOS214F20014000  
*mm/dd/yyyy*

\*Please do not complete or terminate SEVIS record if the student is eligible to transfer.

P/DSO Name and Title: \_\_\_\_\_  
*print name Title*

\_\_\_\_\_  
*Signature*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form directly to [Admission@bryant.edu](mailto:Admission@bryant.edu)