

UNLV | OFFICE OF ADMISSIONS

Transfer In Form

The student listed below has been admitted to the University of Nevada, Las Vegas (UNLV). Immigration regulations require your confirmation that the student has been pursuing a full course of study at your institution before the student's transfer to UNLV can be approved. Please complete the following:

Part 1. Biographical Information – to be completed by the Student

Family/Last Name:	First/Given Name:
NSHE (Student) ID:	Date of Birth (month/day/year):
E-mail:	Cell Phone # in the U.S.:
Current Address in the U.S.:	
Street number & name: _____ Apt. #: _____	
City: _____ State: _____ Zip Code: _____	

Part 2. Immigration Information – to be completed by the Designated School Official (DSO)

Name of Current Institution:		Student's SEVIS Number: N-	
Current Institution's Address:			
Street number & name: _____			
City: _____		State: _____ Zip Code: _____	
SEVIS Transfer Release Date (month/day/year):	ESL, Bachelor's, Master's, PhD, and Law Students: "University of Nevada, Las Vegas" PHO214F10643000	Dental School Students: "University of Nevada, Las Vegas – Shadow Lane" PHO214F10643001	
Please check all that apply:			
<input type="checkbox"/> This student is considered to be in full-time status and is eligible to transfer without leaving the U.S. or applying for reinstatement through USCIS.			
<input type="checkbox"/> This student is out-of-status.			
<input type="checkbox"/> This student's current status is unknown. <i>Please clarify in the "Comments" section below.</i>			
<input type="checkbox"/> This student has received off-campus work authorization for Full-Time Curricular Practical Training or Optional Practical Training. <i>Please clarify in the "Work Authorizations" section below.</i>			
Comments:			
Type of Off-Campus Work Authorization:		Degree level in which Off-Campus Work was authorized:	
<input type="checkbox"/> Full-Time Curricular Practical Training		<input type="checkbox"/> Bachelor's <input type="checkbox"/> Associates	
<input type="checkbox"/> Pre-Completion Optional Practical Training		<input type="checkbox"/> Master's <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Post-Completion Optional Practical Training		<input type="checkbox"/> Doctorate _____	
Full-Time CPT Start Date (month/day/year):	Full-Time CPT End Date (month/day/year):	OPT Start Date (month/day/year):	OPT End Date (month/day/year):

Part 3. Designated School Official Verification – to be completed by the Designated School Official (DSO)

I certify that the above information is correct to the best of my knowledge.		
Name of Institution:	Email:	Phone:
Name and Title:	Signature:	Date:

For Prospective Undergraduate Students, please email this completed form to internationaladmissions@unlv.edu