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## International Student Request To Transfer into Union College

From: Lynn Davis  
Principal Designated School Official, Union College  
SEVIS School ID: OMA214F00212000

In order to properly transfer your SEVIS record from your current institution to Union College we require this form to be completed.

You must fill out Section 1 of this form.

The International Student Advisor (or equivalent campus officer) at your current school must fill out Section 2 and send the completed form to Lynn Davis.

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### Section 1: Student Request To Transfer into Union College

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Please print legibly.

Name of Student: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ I-94 Admission Number (if known): \_\_\_\_\_

Passport Country: \_\_\_\_\_

Passport Number \_\_\_\_\_

Passport Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated UC Enrollment: \_\_semester/year\_\_

Permanent Home Country Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Current US Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I request and authorize my present International Student advisor (or equivalent campus officer) to provide the information in Section 2, as part of my application and admission to Union College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form continued on reverse side**

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## Section 2: To be completed by International Student Advisor (or equivalent campus officer)

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1. Is the international student currently “in-status” and eligible to transfer to Union College without reinstatement?  
Yes\_\_\_\_\_/No\_\_\_\_\_
2. Last term the above international student enrolled full-time at your institution: \_\_semester/year\_
3. If the student were to remain at your institution, would he/she be eligible to register for the next term?  
Yes\_\_\_\_\_/No\_\_\_\_\_
4. Has the student had any authorized periods of practical (including curricular or academic) training?  
Yes\_\_\_\_\_/No\_\_\_\_\_
5. Please indicate SEVIS ID#: \_\_\_\_\_
6. Effective Date of SEVIS to SEVIS Transfer: \_\_\_\_\_

Additional Comments:

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**I certify the information noted in Section 2 is correct to the best of my knowledge.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please note: This form constitutes notice of the above named students intent to transfer to Union College.**

Please return this form by email to [lynn.davis@ucollege.edu](mailto:lynn.davis@ucollege.edu); or by U.S. Post to:

Lynn Davis  
Union College  
3800 S. 48th Street  
Lincoln, NE 68506

**Thank you for your assistance.**