

**SEVIS RELEASE FORM**

As part of the admission application process of Colorado State University-Pueblo, and for consideration of international scholarship funding as a transfer student, this form must be completed by your current International Student Advisor and returned to this office:

Colorado State University-Pueblo  
2200 Bonforte Boulevard  
Pueblo, Colorado 81001  
Attn: Annie Williams, Center for International Programs  
Fax Number: (719) 549-2221

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT IN PURSUIT OF TRANSFER:**

I request and authorize my present International Student Advisor to provide the information below as part of my application for admission to Colorado State University-Pueblo (Colorado State University System).

Printed Name: \_\_\_\_\_ Intended transfer semester \_\_\_\_\_

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

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**TO BE COMPLETED BY THE STUDENT'S INTERNATIONAL STUDENT ADVISOR:**

Visa Type: F-1: \_\_\_\_\_  
J-1: \_\_\_\_\_ Name of J-1 sponsor: \_\_\_\_\_  
Other: \_\_\_\_\_ (please specify)

Last Immigration Admission Number: \_\_\_\_\_

Dates of attendance at your institution: \_\_\_\_\_

Authorized periods of practical training: \_\_\_\_\_

The student is (check which applies):

- \_\_\_\_ Is in good Immigration/visa status
- \_\_\_\_ Out of status
- \_\_\_\_ Out of status and application for reinstatement was filed on \_\_\_\_\_  
(please provide copies of documents filed with the BCIS)
- \_\_\_\_ Other - comments: \_\_\_\_\_

Please provide the student's SEVIS number: \_\_\_\_\_

Please provide the SEVIS transfer release date: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_

Name and Title of Person completing this form: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of DSO: \_\_\_\_\_