



Fairfax University of America
 International Student Services Office
 4401 Village Drive
 Fairfax, VA 22030 USA
 E-mail: dso@fxua.edu
 Tel: (703) 591-7042

SEVIS Transfer Eligibility Form

Please Note: This Form is for F-1 Students Transferring from another U.S Institution to Fairfax University of America

Part 1: To be completed by the student:

(Please complete this portion of the form and submit it to the International Student Advisor at your current school)

Name: _____ Date of Birth: _____
 (As it appears on your passport) (MM/DD/YYYY)

Program of interest at FXUA: _____

Semester/ Term of admission to FXUA: (Circle one) FALL SPRING SUMMER I SUMMER II / _____ (YEAR)

I request and authorize the DSO at _____ to complete **PART 2** of this form and release the information to FXUA.
 (Name of the school you are currently attending)

Student Signature: _____ Date: _____

Part 2: To be completed by the Designated School Official (DSO):

***Please Note:** Upon completion of this document, the students' Acceptance Letter will be processed for the release of their SEVIS record.

The above named student intends to transfer to Virginia International University. Your assistance is appreciated in providing the following information, and signing this form.

Fairfax University of America [The Virginia International University] SEVIS code is WAS214F01193003

SEVIS ID: N _____ I-20 End date/Expiration: ____/____/____

Dates of Full-time enrollment: ____/____/____ through ____/____/____

Date of graduation/termination of study: ____/____/____ SEVIS transfer release date: ____/____/____ or T.B.D.

Level of study at your institution: (Circle one) LANGUAGE UNDERGRADUATE GRADUATE

Has the student met his/her financial obligations with your institution: (Circle one) YES NO

Did the student attend another US institution before yours? (Circle one) YES NO

Has the student applied for or received authorization for Off-Campus Employment: (Circle one) NO

YES- specify the type of employments: _____

Has the student acted in accordance with USCIS regulations: (Circle one) YES

NO- please explain: _____

Please contact the school DSO to confirm acceptance before you release any, "COMPLETED", "TERMINATED" or "CANCELED" record.

U.S Institution: _____

Phone: () _____

Name and title of DSO: _____

E-mail: _____

DSO Signature: _____ Date: _____

❖ Please e-mail this completed form to admission@fxua.edu