



GRADUATE STUDIES  
 105 FPH, Provo, UT 84602  
 Tel: (801) 422-4091  
 Fax: (801) 422-0270  
 Web: <http://www.byu.edu/gradstudies>  
 E-mail: [gradstudies@byu.edu](mailto:gradstudies@byu.edu)

**International Student  
 Transfer/Release Form**  
 GS Form 8

**Instructions**

To begin processing your student visa documents, you must notify the Designated School Official (DSO) at the school where you are currently enrolled of your intent to transfer to Brigham Young University. Please follow the instructions below:

- Complete the 'Student Information' section of this form.
- Present your official letter of admission to your international student office
- Request your current DSO to complete the 'Transfer Information' section and fax this form to BYU Graduate Studies: (801) 422-0270.

An I-20 (for F-1 status) or a DS2019 (for J-1 status) will be issued to you when your SEVIS record is released to BYU.

**Student Information**  
 (To be completed by student)

Name \_\_\_\_\_  Male  Female      Date of Birth (MM/DD/YYYY) \_\_\_\_\_

SEVIS ID \_\_\_\_\_ BYU ID Number \_\_\_\_\_

Semester/term and year admitted for graduate study:  Fall  Winter  Spring  Summer      \_\_\_\_\_ Year

Complete Legal Name of Dependent(s), if any:

Surname/Last Name, Given Name \_\_\_\_\_ SEVIS ID \_\_\_\_\_

Surname/Last Name, Given Name \_\_\_\_\_ SEVIS ID \_\_\_\_\_

Surname/Last Name, Given Name \_\_\_\_\_ SEVIS ID \_\_\_\_\_

Surname/Last Name, Given Name \_\_\_\_\_ SEVIS ID \_\_\_\_\_

**Transfer Information**  
 (To be completed by current DSO)

Student is in status and eligible to transfer.      SEVIS Release Date (MM/DD/YYYY) \_\_\_\_\_

Last semester/term and year enrolled:  Fall  Winter  Spring  Summer      \_\_\_\_\_ Year

Student is out of status and reinstatement has been filed.  
 Reinstatement receipt number: \_\_\_\_\_

Student is out of status and is not eligible to transfer.  
 Reason(s): \_\_\_\_\_

Name of University \_\_\_\_\_

Mailing Address of University \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of DSO \_\_\_\_\_

Original Signature of DSO \_\_\_\_\_ Date \_\_\_\_\_

Remarks:

Please return this form by fax to BYU Graduate Studies: (801) 422-0270.