Roseman University of Health Sciences

SEVIS TRANSFER ELIGIBILITY FORM

All international students (F-1 status) who have attended or are attending another school in the United States must have this form completed by that school before their transfer to Roseman is complete.

To be completed by the student:  ☐ Henderson Campus  ☐ South Jordan Campus

Name (family name, first, middle)  Date

Date and Country of Birth  Country of Citizenship

To be completed by DSO: The above named student is intending to transfer to Roseman. Please complete the following information and return the form by mail or fax to the address noted below.

1. Student’s SEVIS number: ______________________________

2. Release Date: ______________________________

3. Dates of attendance at your school: ______________________________

4. Did the student maintain full-time status? ______________________________
   If no, please explain: ______________________________

5. Is the student leaving your school in good standing with your institution? ______________________________

6. Has the student been approved for off-campus employment? ______________________________
   When? ______________________________  What kind? ______________________________

7. Has the student met all financial obligations to your school? ______________________________

Name of DSO  Signature of DSO

Name and Address of School

Telephone number  Date

Please return to: Registrar/Director of Student Services;
Roseman University of Health Sciences, 11 Sunset Way, Henderson, NV 89014
Phone: (702) 968-5246 Fax: (702) 968-1643

Note: SEVIS number for Roseman University of Health Sciences-Henderson campus: PHO214F12042000
SEVIS number for Roseman University of Health Sciences-South Jordan campus: DEN214F00864000