

# Roseman University of Health Sciences

## SEVIS TRANSFER ELIGIBILITY FORM

OFFICE OF THE REGISTRAR/STUDENT SERVICES

All international students (F-1 status), who have attended or are attending another F1 approved institution in the United States, must have this form completed by the Transfer-Out School's DSO before their SEVIS Transfer-In to Roseman can be completed.

### STUDENT INFORMATION *(to be completed by prospective student)*

Last Name	First Name	MI	Email:
			Phone:
Birthdate	Country of Birth	Country of Citizenship	

### CAMPUS AND PROGRAM INFORMATION *(to be completed by prospective student)*

HENDERSON CAMPUS     SOUTH JORDAN CAMPUS

<b>DENTAL:</b> DMD Class of 20____ DMD/MBA Class of 20____  <b>ORTHO:</b> AEODO Class of 20____	<b>MBA:</b> MBA Class of 20____	<b>NURSING:</b> <b>ABSN:</b> Feb, Class of 20____ July, Class of 20____ Oct, Class of 20____  <b>BSN:</b> Class of 20____	<b>PHARMACY:</b> Pharm Class of 20____ Pharm/MBA Class of 20____	<b>WITHDREW:</b> Year Withdrawn: 20____
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### STUDENT ACADEMIC INFORMATION *(to be completed by DSO from transfer-out institution)*

<b>Student SEVIS ID Number</b>	
<b>Release Date</b> <i>(Please see campus SEVIS numbers below)</i>	<b>Dates of Attendance</b>
<b>Full-time Status Maintained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, please explain:</b>	
<b>Student leaving institution in good academic standing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Previously approved for off-campus employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? If yes, what kind?	
<b>Has the student met all financial obligations to the institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### DSO INFORMATION *(to be completed by prospective student)*

Last Name	First Name	Email:
		Phone:
Name and Address of Transfer – Out Institution		

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DSO SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE FAX TO:**  
**Registrar/Director of Student Services**  
Fax: (702) 968-1643  
Phone: (702) 968-5246

Roseman University of Health Sciences - *Henderson* campus: **PHO214F12042000**  
Roseman University of Health Sciences - *South Jordan* campus: **DEN214F00864000**