

**INTERNATIONAL STUDENT  
QUESTIONNAIRE AND  
TRANSFER ELIGIBILITY FORM**

International students who have been admitted to the University of Notre Dame and who are currently in the United States must provide information to the university about their current U.S. immigration status. Students must complete this form, obtain the appropriate endorsement from a current DSO if necessary, attach the appropriate supporting documentation and return it to the office indicated below.

|   |   |                                      |
|---|---|--------------------------------------|
| Last/Family Name (as listed on passport): | First/Given Name (as listed on passport): | Middle Name (as listed on passport): |
| ND ID Number (if known):                  | Email Address:                            | US Telephone Number:                 |

**Immigration and Travel Information**

|  |   |   |   |
|--|---|---|---|
| <b>Current US Immigration Status:</b><br><input type="checkbox"/> F-1 Student<br><input type="checkbox"/> J-1 Student<br><input type="checkbox"/> Other (provide below)<br>_____ | <b>Date Current Status Expires:</b><br>____/____/____<br>MM / DD / YYYY   | <b>Please select ONE of the options at right to describe your plans prior to enrolling at the University of Notre Dame:</b> | <input type="checkbox"/> I will transfer my current F-1 or J-1 status to Notre Dame and will ask my current international student advisor to complete the section below.*<br><input type="checkbox"/> I will apply for a change of status to F-1 or J-1 student within the United States.<br><input type="checkbox"/> I will depart the United States and return in F-1 or J-1 student status<br><input type="checkbox"/> I will enroll at Notre Dame in my current immigration status (other than F-1 or J-1). |
| <b>Travel Plans:</b>   | <input type="checkbox"/> I will not travel outside the United States prior to enrolling at Notre Dame.<br><input type="checkbox"/> I will travel outside the United States prior to enrolling at Notre Dame.<br>I will depart on ____/____/____ and will return to the United States on ____/____/____. |   |   |

**Please attach a copy of each of the following documents, if available:**

- Passport biographical and validity pages
- Most recent I-20 or DS-2019 form
- Current I-94 document or U.S. entry stamp IN passport

By signing at right I confirm that the above is true to the best of my knowledge. If applicable, I authorize my current institution to release the information below for the purpose of transferring my current SEVIS record to the University of Notre Dame.

Student  
Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STOP! If you currently hold an immigration status other than F-1 or J-1, or if you will not transfer a SEVIS record to the University of Notre Dame, please leave the below section blank and return this form to the University of Notre Dame office identified below. If you currently hold F-1 or J-1 status and you will transfer an existing SEVIS record to the University of Notre Dame, please provide this form to your current international student advisor so that s/he may complete the section below.**

**\*F-1 and J-1 SEVIS Transfers – FOR USE BY CURRENT P/DSO or A/RO ONLY**

The student above has been academically admitted to a program of study at the University of Notre Dame. *Please facilitate the transfer of this student's SEVIS record to the University of Notre Dame by providing the requested documents and information so they may return it to the department listed below.*

Current immigration status:  F-1  J-1

SEVIS ID Number: \_\_\_\_\_

SEVIS Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please release SEVIS record to: *University of Notre Dame du Lac*  
CHI214F10484000 or P-1-00108**

- This student is currently **in status** and is:
  - Enrolled in a full course of study
  - Authorized to engage in post-completion OPT or AT
  - Within the designated 30 or 60 day grace period
- This student is currently **out of status**
  - Reinstatement was filed on this date: \_\_\_\_\_
  - Reinstatement has not been filed

P/DSO or A/RO Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of P/DSO or A/RO: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

**RETURN  
COMPLETED  
FORM TO:**

University of Notre Dame  
Graduate School  
502 Main Building  
Notre Dame, IN 46556

Telephone: 574-631-7706  
Fax: 574-631-4183  
Email: gradapp@nd.edu