This form is not a request to transfer a student's SEVIS record to UNO.

This form is only used to verify the applicant's SEVIS status for the purpose of admission.

TO BE COMPLETED BY APPLICANT		
Name of Student Last Name First Name		
Last Name First Name		MiddleInitial
Country of Citizenship	Type of Visa	
I-94 Admission Number	SEVIS Number	
United States Address Street City		<u> </u>
Street City		State
If you are on Optional Practical Training (OPT), it will cease upon the release date of	your SEVIS record.	
	se of all information to	the University of Nebraska at Omaha.
Student Student		
TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADV	VISOR OR OTHER	R DESIGNATED SCHOOL OFFICIAL
or Designated School Official confirming the applicants SEVIS statured forms should be returned directly to the appropriate University of Designated School Official.  Graduate admissions: <a href="mailto:gradschool@unomaha.edu">gradschool@unomaha.edu</a> or fax 402.554.3  Judergraduate admissions and ILUNO (Intensive English Language	Nebraska at Oma 3143	
he above-named student:		
Is taking a full course of study at this school		
Is taking less than a full course of study at this school		
Terminated attendance on(date) and WAS/	/WAS NOT taking a fu	ll course of study.
Is in FULL F-1 Status		
Is OUT OF STATUS		
Does this student have a SEVIS I-20 from your school? ☐ Yes ☐ No		
If "YES", what is the SEVIS release date for this student?		
Is the student in good academic standing and able to re-enroll the next semester	r? □ Yes □ No	
If "NO", please explain:		
Has the student engaged in Practical Training?   CPT  CPT	(dates) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	OPT(dates)
Print Name of School Official	Name of Institution	
Signature of School Official	Address of Institution	Street
Official Title of School Official	City	State Postal Code
Phone Number	Email Address	