



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 Middle Initial

Country of Citizenship _____ Type of Visa _____

I-94 Admission Number _____ SEVIS Number _____

United States Address _____
Street City State

If you are on Optional Practical Training (OPT), it will cease upon the release date of your SEVIS record.

I, _____, authorize release of all information to the University of Nebraska at Omaha.
Student Student

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR OR OTHER DESIGNATED SCHOOL OFFICIAL

Official confirmation of acceptance will ONLY be granted upon completion of this form by the International Student Advisor or Designated School Official confirming the applicants SEVIS status.
 Forms should be returned directly to the appropriate University of Nebraska at Omaha office. Forms must be returned by a Designated School Official.

Graduate admissions: gradschool@unomaha.edu or fax 402.554.3143

Undergraduate admissions and ILUNO (Intensive English Language) to: unoadmissions@unomaha.edu or fax 402.554.2149

The 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 full 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? ☐ Yes ☐ No

If "NO", please explain: _____

Has the student engaged in Practical Training? ☐ CPT _____ (dates) ☐ OPT _____ (dates)

Print Name of School Official _____

Signature of School Official _____

Official Title of School Official _____

Phone Number _____

Name of Institution _____

Address of Institution _____ Street _____

City _____ State _____ Postal Code _____

Email Address _____