



# F-1 Status History

## For Students Transferring F-1 status to Marquette University

### Part A: To the student

Please complete Part A of this form and then give the form to the Designated School Official (DSO) of your current school to complete Part B. Your current DSO will mail or fax the form to Marquette University as indicated below.

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(family name) (first name)

Proposed Date of Enrollment at Marquette University: \_\_\_\_\_(month and year)

"I hereby authorize the Designated School Official (DSO) of the school named in Part B of this form to complete and send this form to a DSO of Marquette University and to answer any additional questions that a Marquette DSO may ask regarding my F-1 status."

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part B: To the Designated School Official (DSO)

Please complete the following information and return this form by postal mail or fax to the address at the end of this form. You are welcome to contact a DSO at Marquette University if there are questions. Thank you very much for your assistance.

Name of your school as listed in SEVIS: \_\_\_\_\_

Does the student currently hold valid F-1 status? \_\_\_ Yes \_\_\_ No Student's SEVIS ID number: \_\_\_\_\_

If the student does not hold valid F-1 status, have you issued a Form I-20 for reinstatement? \_\_\_ Yes \_\_\_ No  
If yes, on what date did you issue the reinstatement Form I-20? \_\_\_\_\_(month/day/year)

Please circle the student's current or most recent level of study at your school:

Intensive ESL High School Associate's Bachelor's Master's Doctoral Other: \_\_\_\_\_

What is the date of the student's completion of studies in that program: \_\_\_\_\_ (month/date/year)

While in that level of study, has the student been approved for any reduced course loads? \_\_\_ No \_\_\_ Yes  
If yes, please state the type of RCL (such as academic or medical) and the dates:

\_\_\_\_\_

While in that level of study, has the student received authorization for practical training? \_\_\_ No \_\_\_ Yes  
If yes, please state the types (CPT or OPT), whether full- or part-time, and the dates:

\_\_\_\_\_

Does the student now have F-2 dependents? \_\_\_ No \_\_\_ Yes If yes, how many? \_\_\_\_\_

If the student is not currently enrolled at your school, when was the student last enrolled: \_\_\_\_\_ (month/date/year)

What SEVIS release date have you assigned for this student transfer to Marquette? \_\_\_\_\_(month/date/year)

SEVIS School Code for Marquette University: **CHI 214F202 68000**

Signature of Designated School Official: \_\_\_\_\_ Date : \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_ City and State of Institution: \_\_\_\_\_

DSO Telephone: \_\_\_\_\_ DSO E-mail: \_\_\_\_\_

Please return this form by email fax or mail to: [world@marquette.edu](mailto:world@marquette.edu) Fax: 414-288-3701 Telephone: 414-288-7289  
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