



WVHEPC J-1 Exchange Visitor Program

EXCHANGE VISITOR SEVIS UPDATE FORM

Date: ___/___/___
Month Day Year

Name of Exchange Visitor: _____

Which HEPC Campus are you attending? (Check one)

- Bluefield State University Concord University
 Fairmont State University Glenville State University
 Shepherd University West Liberty University
 HEPC Office of International Programs

Personal Information Update

Check as appropriate:

Exchange Visitor has obtained a permanent US Social Security Number.

_____ Social Security Number

Exchange Visitor has changed his/her local address.

New Address _____

Program Information Update

Check One:

Exchange Visitor is returning to his/her home country permanently. Date returning home:

___/___/___
Month Day Year

Exchange Visitor has completed his/her program. Date of completion: ___/___/___
Month Day Year

Exchange visitor is transferring to another program sponsor. Date transfer will occur:

___/___/___ SEVIS program Number of new School _____
Month Day Year

Exchange Visitor is being terminated from the program.

Date of termination: ___/___/___ Reason for termination: _____
Month Day Year

Other: Please explain: _____

Name of person submitting this form _____

Print Name