



F-1 SEVIS Record Transfer-In Request Form

For students completing a program of study or OPT, the international student advisor at your current school must release your SEVIS record to SUNY ESF no later than 60 days after the completion of your program of study or work authorization end date. The transfer pending I-20/DS-2019 can only be after the SEVIS * transfer release date.

Part I: To Be Completed By Student Requesting The Transfer

Full Name on Passport							
		Last Name		First Name		Middle Name	
Student ID #		Birth Date (mm/dd/yyyy)		Email		Phone	
Semester you will begin your program of study at SUNY ESF <input type="checkbox"/> Fall <input type="checkbox"/> Spring Please indicate year your program will begin:							
Program of Study				Degree Level of Program		<input type="checkbox"/> Bachelors <input type="checkbox"/> Ph D <input type="checkbox"/> Master's <input type="checkbox"/> Non Degree	
Have you received your acceptance letter?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you submitted proof of funding for your first year of study?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate if you will remain in the U.S. or if you will travel outside the U.S. before coming to SUNY ESF.							
<input type="checkbox"/> I will remain in the US and will pick up my transfer I-20/DS-2019 at the Office of International Education at SUNY ESF.							
<input type="checkbox"/> I will travel outside the US. I will need my new I-20/DS-2019 mailed to me in order to re-enter the US. (Provide mailing address below.)							
Street Address					City		
Province/State		Postal Code		Country		Phone Number for this Residence	

Part II: Current International Office Must Complete

Institution Name: _____ City: _____

Phone: _____ Fax: _____

Please indicate student's last semester of enrollment and status: Fall Spring Summer Year: _____ Full-time Less than Fulltime

SEVIS ID: N _____ *Transfer Release Date: _____

Student's Current Visa Type: F-1 J-1 _____ Program dates of the: I-20/DS-2019 _____

Please check all statement applicable to student's situation and provide requested information:

Student's record is "Active" in SEVIS

Student is enrolled full-time and eligible for transfer

If not, please indicate why _____

Student filed an application for reinstatement on (date) _____ *SEVIS record has pending Ticket # _____

Student is out of status. Semester of last enrollment was _____

Student is on OPT CPT AT. The authorization will end : _____ .

Please indicate any employment authorization or reduced course loads.

Reduced Course Load—Date(s) of authorization, degree level, Medical or Academic _____

F-1 Curricular Practical Training-- Date(s) of authorization and degree level: _____

F-1 Optional Practical Training-- Date(s) of authorization: _____

Print Name and Title

Email

Signature

Date

Release to: SUNY College of Environmental Science and Forestry, F-1 School Code: BUF214F00108000

Scan and e-mail this form to OIE@esf.edu. If no scanner is available, fax to 315-470-6978.