



SUNY College of Environmental Science and Forestry
Office of International Education

J1 SEVIS Record Transfer-In Request Form

For students completing a program of study or Academic Training, the international student advisor at your current school must release your SEVIS record to SUNY ESF no later than 30 days after your program completion or work authorization end date. The transfer DS-2019 can only be issued after the SEVIS record release date*. Please access the estimated expenses link on our website (<http://www.esf.edu/international/expenses.htm>) as you must also provide proof of finances for the duration of your program in order to be eligible for a SUNY ESF DS-2019.

Part 1: Student Information. To be completed by sponsored student requesting the transfer.

Full Name on Passport _____
Last Name First Name Middle Initial

Student ID# _____ Date of Birth (mm/dd/yyyy) _____

Email _____ Phone _____

Program of Study _____ Degree Level ☐ Bachelors ☐ Ph.D.
☐ Master's ☐ Non

Please indicate if you will remain in the U.S. or if you will travel outside the U.S. before coming to SUNY ESF.

☐ I will remain in the US and will pick up my transfer DS-2019 at the Office of International Education at SUNY-ESF.

☐ I will travel outside the US. I will need my new 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 _____

Part 2: To be completed by current academic department.

Advisor Name _____ Department _____

Number of credits remaining towards their degree (not including current semester enrollment)

The student is expected to complete their degree on (MM/DD/YY)

Signature

Date

Part 3: To be completed by the Bursar's Office.

Upon the completion of the SEVIS record transfer to ESF, the above named student will be billed directly for all SUNY ESF tuition and fees.

Signature

Date



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Part 4: To be completed by program sponsor.

Program Sponsor _____ Phone _____ Email _____

Please indicate student's last semester of enrollment and status:

☐ Fall ☐ Spring ☐ Summer Year _____ ☐ Full-time ☐ Less than fulltime

Current Student Degree Level _____ Program dates of the DS-2019 _____

SEVIS ID# N _____ *Transfer Release Date _____

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

☐ Student's record is "Active" in SEVIS

☐ Student has maintained full-time status throughout the duration of their program

If not, please indicate why _____

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

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

***Please indicate any employment authorization or reduced course loads.**

☐ Reduced Course Load — Date(s) of authorization _____ Degree level _____ ☐ Medical ☐ Academic

☐ J-1 Academic Training — Date(s) of authorization _____

☐ Waiver of 212€ Two Year Home Residency Requirement (please attach documentation)

Print Name/Title

Email

Signature

Date