



State University of New York
 College of Environmental Science and Forestry
 Office of International Education
 302 Bray Hall c/o 227 Bray Hall

J-1 Sponsored Student SEVIS Record Transfer-In Request

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 on an ESF-issued DS-2019 <input type="checkbox"/> Fall <input type="checkbox"/> Spring Please indicate the year :							
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	
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 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 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: To Be Completed By Current Academic Department

Advisor Name: _____ Department: _____

Number of credits remaining towards her/his degree (not including the current semester's enrollment): _____ credits remaining

This student is expected to complete her/his degree on: _____
Month / Day / Year

Signature: _____ Date: _____

Part III: To Be Completed By Dean of Instruction and Graduate Studies

Dean's signature must be obtained for ESF to accept your SEVIS record.

I authorize the A/RO to coordinate the transfer of the above named student's SEVIS record to SUNY-ESF.

Signature: _____ Date: _____

Part IV: 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: _____

Part V: To Be Completed By Current Program Sponsor

Program Sponsor: _____ Phone: () - _____ Email: _____

Student's Current Degree Level: Bachelors Master's Ph D Program dates of student's current DS-2019: _____ to _____

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 has 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 or Academic _____

J-1 Academic Training-- Date(s) of Authorization: _____

Name, title, and signature of Representative completing this form: _____

Print Name and Title _____ Signature _____ Date _____

Release to: SUNY College of Environmental Science and Forestry, J-1 Program Number: P-1-00379

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