



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.