

# J-1 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 I: To Be Completed By Sponsored 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 their degree (not including current semester enrollment): \_\_\_\_\_ credits remaining

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part III: 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: \_\_\_\_\_

*Please continue on to page two.*

**Part IV: To Be Completed By Current 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 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: \_\_\_\_\_

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

\_\_\_\_\_  
Print Name and Title Email

\_\_\_\_\_  
Signature Date

Release to: The State University of New York, J-1 Program Number: P-1-1-14599

**Please scan and e-mail this form to [OIE@esf.edu](mailto:OIE@esf.edu).**