New York College of Health Professions
Office of International Students (OIS)
6851 Jericho Turnpike, Suite 210, Syosset, NY 11791
OIS@nycollege.edu

SEVIS I-20 TRANSFER FORM

For F-1 Students Transferring to New York College of Health Professions · Academic Year 2026–2027

This form is required only for applicants who have been attending a SEVP-certified school in the United States in F-1 status and wish to transfer their SEVIS record to New York College of Health Professions. Complete Section 1 and sign, then give this form to the international student advisor (DSO) at the school you currently attend or most recently attended, so they can complete Section 3. Your Form I-20 cannot be issued until Sections 1 and 3 are both received by the Office of International Students (OIS), together with the financial documentation described in Section 2.

SECTION 1 — STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

Family name (surname) _____ Given (first) name _____ Middle / second given name, if any _____ Date of birth (mm/dd/yyyy) _____

Foreign address — street _____ City / province _____ Postal code _____ Country _____

I-94 admission number _____ Email address _____

Intend to transfer to New York College of Health Professions for: ☐ Spring ☐ Summer ☐ Fall, Year: _____

Program applying to: ☐ Massage Therapy (A.O.S.) ☐ Acupuncture (M.S.) ☐ Acupuncture with Chinese Herbal Medicine (M.S.)

I hereby grant permission for the information requested in Section 3 below to be released to New York College of Health Professions.

Student's signature _____ Date _____

SECTION 2 — 2026–2027 ESTIMATED ANNUAL EXPENSES FOR F-1 STUDENTS

The figures below are the College's 2026–2027 estimated average expenses for one 12-month academic year (three trimesters), consistent with SEVP guidance that Form I-20 cost estimates reflect average tuition, fees, and living expenses for the shorter of the program length, the academic year, or 12 months. Before your Form I-20 can be issued, OIS must receive financial documentation meeting or exceeding the estimated annual total for the program you are entering.

Program	First-Trimester Tuition	Average Annual Tuition	Room and Food	Estimated Annual Total*
Massage Therapy (A.O.S.)	$5,400	$16,200	$22,300	**$38,500**
Acupuncture (M.S.)	$6,300	$24,378	$22,300	**$46,678**
Acupuncture with Chinese Herbal Medicine (M.S.)	$6,300	$23,306	$22,300	**$45,606**

* Totals are before mandatory fees. Mandatory fees are additional — request the current fee schedule from OIS. Totals also do not include books and supplies, health coverage, transportation, or personal expenses; most students should plan additional funds. Estimates are conservative for Long Island, New York, and costs typically increase 3–5% each year.

Dependents — add $5,500 per academic year for each F-2 dependent (spouse or child) accompanying the student.

SECTION 3 — TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (CURRENT / MOST RECENT SCHOOL)

The above-named student intends to transfer to New York College of Health Professions for the trimester stated in Section 1. Please answer all questions based on the term immediately preceding the transfer, or the last term preceding a vacation or authorized practical training.

Return the completed form and a copy of the student's most recent Form I-20 by email to OIS@nycollege.edu, by fax to 516-364-0989, or by mail to: New York College of Health Professions, Attn: Office of International Students (OIS), 6851 Jericho Turnpike, Suite 210, Syosset, NY 11791.

☐ The student was issued a SEVIS Form I-20. We will change their SEVIS record to reflect "transfer-out" to New York College of Health Professions, SEVIS school code NYC214F01610000.

Requested release date (mm/dd/yyyy) _____ **SEVIS ID (N-number)** _____

Was the student considered to be pursuing a full course of study? ☐ Yes ☐ No

Is the student currently authorized to attend your institution by USCIS? ☐ Yes ☐ No

Student's I-20 program completion date _____ **Student's last date of attendance** _____

Did the student transfer into your institution? ☐ Yes ☐ No (If yes, from what institution? _____)

Has the student met all financial obligations to your institution? ☐ Yes ☐ No

Periods of authorized practical training (if any) _____

Completed by — DSO name and title _____ **Institution** _____

DSO signature _____ **Date** _____

Phone _____ **Email** _____