SEVIS I-20 Transfer Form

TO BE COMPLETED BY THE STUDENT

Only students who have been attending school in the United States are required to submit this form. Please complete the top half, and then bring it to the international student advisor at the school you currently attend or most recently attended.

Your I-20 cannot be finalized until this form is received.

Full Name: _____ Date of Birth: _____

Last (Family Name) *First (Given Name)*

Foreign Address: _____

Address

_____

Address

_____

City *Province* *Postal Code* *Country*

I-94 Admissions Number: _____ Email: _____

I intend to transfer to the New York College of Health Professions for: ☐ Spring ☐ Summer ☐ Fall 20_____

I hereby grant permission for the information requested below to be made available to the New York College of Health Professions

Student's Signature: _____ Date: _____

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

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

Please remit the completed form and a copy of the last I-20 by:

Fax the completed form to: 516-364-0989 or Email the completed form to: OIS@nycollege.edu

or Mail the completed form to: New York College of Health Professions
Attn: Office of International Services
6801 Jericho Turnpike
Syosset, NY 11791

☐ The student was issued a SEVIS I-20 Form. We will change his/her SEVIS record to reflect "transfer-out" to New York College of Health Professions, SEVIS School Code: NYC214F01610000

☐ The "release date" will be _____ SEVIS # _____

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

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

What is the student's I-20 completion date? _____

What is the student's last date of attendance? _____

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

Has the student met all financial obligations? ☐ Yes ☐ No

Please cite any periods of practical training. _____

Completed by (DSO signature and official seal) _____

Name and title _____ Date _____

Institution _____

Phone _____ Email _____