OFFICE OF INTERNATIONAL ADMISSIONS
Northern Boulevard, P.O. Box 8000, Old Westbury, NY 11568-8000

SEVIS I-20 TRANSFER FORM

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.

TO BE COMPLETED BY THE STUDENT:

Name: __________________________________________________________________________ Date of birth: __ / __ / ______

(Last) (First) Month/Day/Year

Home country (foreign) address: ________________________________________________________________________________

Street address Apt. #

Country Province Postal code

Admissions number (from your I-94 card): ______________________________________________________________________

I intend to transfer to New York Institute of Technology for the ______________________________ semester.

I hereby grant permission for the information requested below to be made available to NYIT.

Student’s signature: ____________________________________________________________ Date: ________________________

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL:

The above-named student intends to transfer to New York Institute of Technology 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 fax the completed form to 516.686.7797 or 516.686.1116.

☐ The student was issued a SEVIS I-20 Form. We will change his/her SEVIS record to reflect “transfer-out” to NYIT.

The “release date” will be: ________________ SEVIS # ___________________ Campus released to: ☐ OW ☐ MA

Was the student considered to be pursuing a full course study? ______________________________________________________

Is the student currently authorized to attend your institution by USCIS? _______________________________________________

What is the student’s I-20 completion date? _____________________________________________________________________

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? _____________________________________________________________________

Please cite any periods of practical training: _______________________________________________________________________

Completed by: ____________________________________________ Date: ______________________________

(DSO signature) (Official seal)

Name and title: ______________________________________________________________________________

Institution: ____________________________________________________________________________________________

Phone #: ____________________________________________ Email: ________________________________