



SU
Transfer-In
Form

SECTION A: To be completed by the student requesting a transfer

As in Passport Last/Family Name: _____ First/Given Name: _____ SUID#(if known): _____

E-mail Address: _____ Phone Number: _____

Semester that you are scheduled to register at Syracuse University: Fall Spring Summer Please Indicate Year: _____

Academic level your are scheduled to register at Syracuse University: Graduate Undergraduate Other: _____

IMPORTANT! Please indicate if you will remain in the US or if you will travel internationally before coming to Syracuse University.
 Remain in the US (Your I-20 or DS-2019 can be picked up at the Slutzker Center for International Services when you arrive at Syracuse University)

Travel Internationally (Please complete the mailing address information directly below)

Street: _____ City: _____ Province/State: _____ Country: _____

Postal code: _____ E-mail: _____ Phone Number: _____

I intend to transfer to Syracuse University and hereby request that my SEVIS record be transferred to Syracuse University. I grant permission for the information requested to be released to the Slutzker Center for International Services.

 Student's Signature Date

SECTION B: International Student Advisor (DSO/ARO) must complete this section.

Please Note: For students completing a program or on OPT, the DSO/ARO at the current school must release your SEVIS record to Syracuse University within **60 days** of completing your program or OPT. the Transfer pending I-20/DS-2019 can only be issued after the transfer release date.

Institution Name: _____ City, State, Zip Code: _____

Phone Number: () _____ Fax Number: () _____

Student's Current Visa Type: **F-1** **J-1** **Other** Student's SEVIS ID: N _____

S/he is eligible for a transfer from your institution: Yes No If No, please explain: _____

✓ **Transfer Release Date:** _____ Program dates of the: I-20 or DS-2019: _____ to _____

Release to: Syracuse University, School Code: For F - BUF214F00002000 For J - Program Number: P-1-00245

Please check the statement(s) applicable to student's situation:

- Student Enrolled full-time and eligible for transfer. Semester of enrollment: Fall Spring Summer Year: _____
- Student Enrolled part-time. Indicate reason: _____
- Application for reinstatement filed on (date) _____ *SEVIS record has pending Ticket # _____
- Student's record is "Active" in SEVIS
- Student is Out of Status. Semester of last enrollment was _____
- Optional Practical Training or Academic Training expires on _____
- Other _____

Please indicate any employment authorization or reduced course load authorization.

F-1 Curricular Practical Training (CPT) - Dates of Authorization: _____

F-1 Optional Practical Training (OPT) - Dates of Authorization: _____

J-1 Academic Training-- Dates of Authorization: _____

Reduced Course Load - Reason & Dates of Authorization: _____

 Print Name and Title of the PDSO/DSO or ARO completing this form E-mail

 Signature Date

Please mail or fax this form to the attention of: Ms. Angelina Romano Stroup, *Functional Business Analyst* – arstroup@syr.edu or
 Mr. Garvey E. Liddie, *SEVIS Data Management Assistant*- geliddie@syr.edu