

SYRACUSE UNIVERSITY

LILLIAN AND EMANUEL SLUTZKER CENTER FOR INTERNATIONAL SERVICES
310 Walnut Place | Syracuse, New York 13244-2380
Tel: 315-443-2457 | Fax: 315-443-3091 | Email: lescis@syr.edu
[Slutzker Center website](http://www.slutzkercenter.com)

**F-1 SEVIS
Transfer-In Form**

F-1 students who have been admitted to Syracuse University and wish to transfer their SEVIS records to Syracuse University must complete Section A of this form and request that the International Student Advisor of the school they are leaving complete Section B. The completed Transfer-In Form should be emailed to lescis@syr.edu. After the SEVIS record has been released to Syracuse University, a 'Transfer Pending' I-20 form will be prepared for the student and the student will be notified by email.

Section A: To be completed by student

Student's Information

Student's Name: _____
U.S. Address: _____
Email Address: _____
Phone Number: _____
SU ID number: _____
I will travel outside the U.S. before coming to Syracuse University, yes or no: _____

Student's Agreement and Signature

I plan to attend Syracuse University and request that my SEVIS record be transferred to Syracuse University. I authorize the information requested below to be released to the Slutzker Center for International Services.

Signature: _____
Date: _____

Section B: To be completed by the International Student Advisor (PDSO/DSO)

The student above plans to attend Syracuse University. If this student's SEVIS record is 'Active' and the student has provided proof of admission to Syracuse University, please provide the information requested below and release the SEVIS record to **BUF214F00002000**. If this student's SEVIS record is not 'Active', please advise the student to email lescis@syr.edu.

Student's SEVIS Record Information

Student's SEVIS ID: _____
Periods of Reduced Course Load authorization and reason: _____
Date student last attended your school or date OPT ends: _____
SEVIS Release Date (Active records only): _____

School Official's Contact Information and Signature

Name and Title: _____
School Name: _____
Email or Telephone: _____
Signature: _____
Date: _____

Please email the completed Transfer-In Form to lescis@syr.edu.