F-1 Transfer In Form

(for students requesting a SEVIS transfer in to SUNY Cortland)

SUNY Cortland
International Programs Office

Part I: To be filed out by student: If you will be transferring to SUNY Cortland, you must ask the international student advisor at your current school to release your SEVIS record to SUNY Cortland within **60 days** of graduation or your OPT completion date. SUNY Cortland cannot issue your Transfer I-20 until after the transfer release date. If you are transferring to SUNY Cortland to continue pursuing your current degree, we recommend that you speak with your international student advisor **prior** to the end of your final semester at that school.

1. _____
Family name First name Middle name

2. SEVIS # _____ 3. Date of Birth: ____/____/____
mo day year

4. Please indicate your preference for receiving your new SUNY Cortland transfer I-20:
   _____ I will remain in the U.S. over the summer or winter break and will pick up my new I-20 from the International Programs Office (IPO) when I arrive at SUNY Cortland.
   _____ I will travel outside of the U.S. over the summer or winter break and would like for the International Programs Office to mail my form to the following address. Note: To request expedited mailing, please provide a FedEx account number or a credit card number w/expiration date and your phone number here:
   _____

5. I intend to attend SUNY Cortland and request a transfer I-20 form. I hereby authorize release of the information requested below to the International Programs Office at SUNY Cortland:

_____ _____
Student's signature Date

Part II: To be filled out by DSO: The student named above has indicated her/his intention to transfer to SUNY Cortland. Please provide the following information and fax or mail the completed form directly to International Programs Office at SUNY Cortland. Please note: During the transfer out procedure please enter our School Code: **BUF214F00274000** for #2 Transfer to School, to bring up **State University of New York (SUNY) SUNY Cortland**. **Thank you.**

1. Institution name as it appears in SEVIS _____

2. Dates of actual attendance: start date _____ end date _____

3. What is the TRANSFER RELEASE DATE for this student? _____

4. Has this student maintained valid F-1 status? ___ Yes ___ No
   If NO, please explain: _____

5. If the student is transferring to SUNY Cortland to complete a degree at the same level, please note:

   a. any periods of authorized reduced course load and the reason (medical or academic difficulty): _____
   _____

   b. any authorized periods of CPT or OPT (include start and end dates): _____

6. _____ _____ _____
Name of DSO DSO's Signature Date

Phone number ( ) _____ e-mail _____

Address of School _____

Old Main 219 • P.O. Box 2000 • Cortland, NY 13045-0900
Phone: (607) 753-2209 • Fax: (607) 753-5989 • E-mail: studyabroad@cortland.edu