International Student Transfer Form

THIS PART TO BE COMPLETED BY THE STUDENT

Student Name_____
Last/Family First /Given Middle (if applicable)

Home Country (Foreign) Address
Street Address _____
Apartment Number_____
City_____
Province _____
Country _____
Postal Code_____

Country of Citizenship _____

Country of Permanent Residence _____

Semester and year for which you intend to transfer to MVCC (i.e. Fall 2012)_____

Have you been accepted to MVCC yet? Yes\ No

If not, when did you apply?_____

What is the SEVIS transfer and release date agreed upon by you and your current school?
Release date_____

Do you intend to travel *outside* the U.S. before beginning your studies at MVCC?

No
Yes → Give dates: From_____to_____

If you answered YES above, will you need to apply for an F-1 visa to return to the United States?

No
Yes

Student Signature _____ Date:_____

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THIS PART TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR (DSO) AT THE "TRANSFER-OUT" SCHOOL.

PLEASE RETURN THIS FORM WITH COPIES OF ALL STUDENT I-20S AND LATEST I-94 TO:

Coordinator of Services for International Students
Admissions Office (PH101C)
Mohawk Valley Community College
1101 Sherman Drive
Utica, New York 13501
Phone: (315) 792-5350 Fax: (315) 792-5527
Email: international.admissions@mvcc.edu

The student SEVIS record will be released to:

State University of New York Mohawk Valley Community College *Utica, NY Campus*
SEVIS School Code: BUF214F10126000

School Name_____

Address_____

Student's Program/Degree Level_____ Major_____

Did the student maintain F-1 student status? Yes No

If NO, please explain:

_____

Did the student complete the program of study the I-20 was issued for? Yes No

If YES, when?_____

Student Name_____
Last/Family First /Given Middle (if applicable)

If the student did not complete the program of study named on the I-20, please indicate whether the following were used:

- Authorized Reduced Course Load: Type and dates: _____
  _____
- Authorized Practical Training: Type and dates: _____
  _____

Dates of attendance: From:_____To:_____

What is the release date you and the student have agreed upon for the SEVIS record to be transferred to MVCC?

SEVIS Release Date:_____

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Name of International Student Advisor/DSO (please print): _____

Signature of International Student Advisor/DSO:_____

Email:_____ Phone:_____