

International Transfer Form

Dear Applicant,

Each international student applying to Purchase College who currently attends a **U.S.** high school, college, university, or language institute must submit this International Student Transfer Form. Please sign this form and forward to the appropriate office or person on your campus (usually the Foreign Student Advisor) for completion. **A I-20 will not be issued until this form is on file in our office.** Send copies of your I-20s (DS 2019), visa and passport to Admissions under separate cover.

I, _____, an international student from _____, authorize release of the information requested below.
(print name) (country)

U.S. Social Security Number _____
(if available)

Applicant's Signature _____ Date _____

Dear International Student Advisor,

Please comment to the best of your ability on the items below regarding the above named student.

1. Type of Visa _____ F-1 _____ F-2 _____ J-1 _____ J-2 _____ Other: _____
If F-1 or J-1, what is this student's SEVIS number? _____
If J-1 Exchange-Visitor visa, please give program number and sponsor: _____
2. Has this student maintained satisfactory payment of tuition and fees? ___ Yes ___ No
3. How long has this student been at your institution? _____ Student's last date of attendance at your institution? _____
4. Did this student attend another institution in the U.S. before enrolling at your school? ___ Yes ___ No
If yes, which school(s)? _____
5. What is the date of completion of studies on this student's original I-20 issued by your school? _____
6. Would this student be permitted to continue or return to your institution? ___ Yes ___ No (If no, please elaborate) _____
7. Is this student in status? ___ Yes ___ No (If no, please elaborate) _____

8. Has this student maintained a full-time course of study at your institution? _____
9. Has this student completed practical training? If yes, please indicate the number of months completed and whether full or part-time:
curricular: _____ optional/post-completion: _____
10. Indicate this student's level of study at your school: _____
11. Did this student complete the level of study? ___ Yes ___ No or will complete, please give date _____
12. SEVIS Release Date: _____
13. Purchase College SEVIS listing: SUNY College at Purchase **NYC 214F01222000**

Please provide a copy of the student's Form I-20 if available and add any additional comments, positive or negative, which you feel are relevant to the admission, advisement, or assistance of this student. Thank you.

Advisor _____
(Print Name) (Signature) (Date)

Institution _____

Phone Number (____) _____ Fax Number (____) _____ E-Mail Address _____

Please return this form when completed to: **Purchase College, SUNY
Office of Admissions
735 Anderson Hill Road
Purchase, NY 10577-1400
NYC 214F 01222 000 (SEVIS code)**