Transfer Verification Form

Congratulations on your admission to SUNY Morrisville! Federal regulations governing students in F and J status require we verify your enrollment status from the school you were last authorized to attend. Please have the International Student Advisor at your current school complete and return this form within 2 weeks of receiving it. If you are enrolled in a U.S. high school, give this form to the office at your school that issued your I-20.

Section 1: Your signature below indicates that you have authorized the release of your student information.

_________________________   _____________________________________ ___________________
Printed Name      Signature     Date

Section 2: To be completed by the International Student Advisor at your current school.

Yes  No

___ ___ The above-named student is authorized by the Department of Homeland Security to attend your school.

___ ___ The student was entered into SEVIS by your school. **SEVIS ID:** ______________

___ ___ The student was enrolled for a full-time academic load for the term they were most recently registered:
Fall ________   Spring ________   Summer ________   Year ________

___ ___ The student was enrolled part-time for the term they were most recently registered:
Fall ________   Spring ________   Summer ________   Year ________

Please explain the reason for part-time status:
___________________________________________________________________________________

List all periods of authorized Practical Training with beginning and ending dates.

<table>
<thead>
<tr>
<th>Curricular Practical Training (CPT)</th>
<th>Dates of CPT</th>
<th>Optional Practical Training (OPT)</th>
<th>Dates of OPT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The student’s current non-immigrant status is: ___________ (F-1) ___________ (J-1)

The SEVIS release date for this student is ________________. Please provide a copy of the student’s I-20 if in F-1 status.

**SEVIS name and code:** SUNY College of Agriculture and Technology at Morrisville BUF214F10083000

_________________________   _____________________________________ ___________________
Name and Title of School Official (please print)      School Name

_________________________   Phone
Address

_________________________   ___________________________ ___________________
Email      Signature     Date

Please return via email to international@morrisville.edu or fax to 315-684-6421 to the attention of the PDSO.