EST. 1908
SUNY MORRISVILLE

International Admissions
Transfer Verification Form

Congratulations on your admission to SUNY Morrisville! Federal regulations governing students in F and J status require our office to seek verification of your enrollment status from the International Student Advisor of the school you were last authorized to attend. Please present this form to the International Student Advisor at your current school and request that it be returned to SUNY Morrisville within 2 weeks of receiving this form. If you are enrolled in a U.S. high school, give this form to the office at your school that issued you your I-20 or DS-2019.

Your signature below indicates that you have authorized the release of this information. Thank you.

_____ _____ _____
Printed Name Signature Date

This section is 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 has been entered into SEVIS by your school. Indicate SEVIS ID# here: _____

☐ ☐ The student has been enrolled for a full-time academic load for the term for which he/she was most recently registered, which is: Fall ☐ Spring ☐ Summer ☐ Year _____

☐ ☐ The student has been enrolled part-time for the term for which he/she was most recently registered, which is: Fall ☐ Spring ☐ Summer ☐ Year _____
Please explain the reason for part-time status:
_____
_____

Please list all periods of authorized Practical Training with beginning and ending dates. Specify whether curricular (CPT) or optional (OPT):

Curricular Practical Training (CPT)	Dates of CPT	Optional Practical Training (OPT)	Dates of OPT

The student's current non-immigrant status is: ☐ (F-1) ☐ (J-1)

The SEVIS release date for this student is _____
Please provide a photocopy of student's SEVIS I-20 if in F-1 status. We are listed in the SEVIS transfer list as:
SUNY College of Agriculture and Technology at Morrisville BUF214F10083000

_____ _____ _____
Name of School Official (please print) Title of School Official School Name

_____ _____ _____
Address City State/Zip Code

_____ _____
Email Address of School Official Phone # of School Official

_____ _____
School Official's Signature Date

Please do not transfer Completed or Terminated records.
When complete, email this form to admissions@morrisville.edu or fax to the Admissions Office at 315-684-6427.