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SEVIS Transfer In Form

To Be Completed by F-1 students who have been accepted to SUNY Upstate Medical University and are already studying on an F-1 visa at another U.S. university.

Congratulations on your acceptance to SUNY Upstate Medical University! Federal regulations governing students in F -1 status require the SUNY Upstate Medical University International Student Advisor to seek verification of your enrollment status from the international student adviser of the school you were last authorized to attend. Therefore, please present this letter to the international student adviser at your current school and request that it be returned to us within 2 weeks. 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 form.

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

Your Name (print)	Your Signature	Date
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This section is to be completed by the international student adviser 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 number 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 _____, 2_____.
(fall /spring/summer) (yr)

_____ The student was enrolled part-time for the term for which he/she was most recently registered, which is _____, 2_____.
(fall/spring/summer) (yr)

Please explain the reason for part-time status _____

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

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

The student's current non-immigrant status is _____

The SEVIS release date for this student is _____
(We are listed in the SEVIS transfer list as: State University of New York Upstate Medical University)

School Name

School Address

School Official's Name

Signature of School Official

Title of School Official

E-Mail Address of School Official

Phone Number of School Official

PLEASE PROVIDE A PHOTOCOPY OF STUDENT'S SEVIS I-20 IF IN F-1 STATUS

Return Completed Form to: Jennifer Abbott, International Student Advisor by fax, email or mail.