



### F-1 Student Transfer Form

(The International Student Advisor at your school must complete this form)

If you are planning to attend SUNY Canton and are coming from a high school or a university in the United States, please ask the International Student Advisor at the school you are currently attending or last attended to complete this form and return it to the following address:

**SUNY Canton -- International Programs Office**  
**34 Cornell Drive -- FOB 232A**  
**Canton, NY 13617**  
**or fax to: (315) 386-7907**

#### Section I (to be completed by student)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please print clearly) (mm/dd/yyyy)

I hereby grant permission to the Designated School Official at the school I am currently attending, or last attended, to release information regarding my enrollment to SUNY Canton.

\_\_\_\_\_  
Signature Date

#### Section II (to be completed by DSO)

- Student was issued a SEVIS I-20 Form. We will change his/her SEVIS record to reflect "transfer out" to SUNY Canton. The release date will be: \_\_\_\_\_
- Student was NOT issued a SEVIS I-20 Form. Student does not and will not have a SEVIS record from our school.

Please complete the following:

1. Student's SEVIS Number: \_\_\_\_\_
2. Last semester enrolled at your institution: \_\_\_\_\_
3. To the best of your knowledge is the student in status with the INS? \_\_\_\_ Yes \_\_\_\_ No  
If "no" please explain: \_\_\_\_\_
4. Does the student have a pending reinstatement case with the INS? \_\_\_\_\_
5. Has the student ever been granted CPT or OPT from your institution? \_\_\_\_\_  
If yes, please complete the following:

Type of Practical Training: CPT or OPT (circle one)/ Full-time or Part time (circle one)

Began: \_\_\_\_\_ Ended: \_\_\_\_\_

#### THIS FORM WAS COMPLETED BY:

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Name and Address of the Institution: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_