

# SEVIS I-20 Transfer Form

**NEW YORK INSTITUTE  
OF TECHNOLOGY**

## TO BE COMPLETED BY THE STUDENT

Only students who have been attending school in the United States are required to submit this form. Please complete the top half, and then bring it to the international student advisor at the school you currently attend or most recently attended. **Your I-20 cannot be finalized until this form is received.**

Last name	First name	Date of birth	MM/DD/YYYY
Home country (foreign) address			Apt. #
Country	Province	Postal code	
Admissions number (from your I-94 card)			
I intend to transfer to New York Tech for	Fall 20	Spring 20	Summer 20
I hereby grant permission for the information requested below to be made available to New York Institute of Technology .			
Student's signature	Date		MM/DD/YYYY

## TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

The above-named student intends to transfer to New York Institute of Technology for the semester stated above. Please answer **ALL** questions based on the term immediately preceding the transfer or the last semester preceding a vacation or authorized practical training. Please email the completed form to inandlal@nyit.edu. **Please do not release SEVIS records in Terminated or Completed status unless you get confirmation from a DSO.**

**The student was issued a SEVIS I-20 Form. We will change his/her SEVIS record to reflect "transfer-out" to New York Institute of Technology.**

The "release date" will be	MM/DD/YYYY	SEVIS #
Campus released to:	Long Island (Old Westbury) SEVIS Code: NYC214F00736000	New York City (Manhattan) SEVIS Code: NYC214F00736001
Was the student considered to be pursuing a full course study?	Yes	No
Is the student currently authorized to attend your institution by USCIS?	Yes	No
What is the student's I-20 completion date?	MM/DD/YYYY	
What is the student's last date of attendance?	MM/DD/YYYY	
Did the student transfer to your institution?	Yes	No (If yes, from what institution?)
Has the student met all financial obligations?	Yes	No
Please cite any periods of practical training.		

Completed by (DSO signature and official seal)

Date MM/DD/YYYY

Name and title

Institution

Phone

Email

## OFFICE OF ADMISSIONS

Northern Boulevard  
P.O. Box 8000  
Old Westbury, NY 11568-8000