

# SEVIS I-20 **TRANSFER FORM**

OFFICE OF UNIVERSITY ADMISSIONS  
One South Avenue • P.O. Box 701 • Garden City, NY 11530-0701 • USA  
**516.877.3050 • Fax: 516.877.3039 • adelphi.edu**

Students seeking a valid transfer must be in active F-1 status at the time of the transfer request and begin their academic program within five months of their program completion date. The student should complete Part 1 of this form and submit to their designated school official (DSO) to complete Part 2 and email the completed form to **intladmissions@adelphi.edu**.

## Part 1: Student Consent

This section must be completed and signed by the student.

Surname(s)/Last/Family Name(s)

First Name(s)/Given Name(s):

Date of Birth (DD/MM/YYYY):

SEVIS ID:

## Selected Campus

- Garden City campus, SEVIS School Code **NYC214F00716000**  
 Manhattan Center campus, SEVIS School Code **NYC214F00716001**

## Part 2: School Authorization

This section must be completed and signed by the student.

Is the above-named student currently authorized by USCIS to attend your school?

YES

NO

To the best of your knowledge, is this student eligible to transfer?

YES

NO

Is the student above currently enrolled in a full course of study?

YES

NO

What is (was) the student's last date of enrollment at your school?

Please list all dates for Curricular Practical Training used by this student.

Please list all dates for Optional Practical Training used by this student.

SEVIS ID

SEVIS Release Date

SEVIS Termination Date, if applicable

Termination Reason, if applicable

School Name

School Code

DSO Name

DSO Email

DSO Signature

Date (DD/MM/YYYY)