

SEVIS I-20 **TRANSFER FORM**

This form is for an admitted international student who has an existing SEVIS record from a U.S. institution and is eligible for a valid transfer to begin academic studies at Adelphi University.

SECTION A (To be completed by the student)

To the Student: Complete Section A, then provide this form and a copy of your Adelphi University admission letter to the international advisor at your current school, requesting them to complete Section B and release your SEVIS record to the appropriate Adelphi campus. Upload the completed form to the Location and Status tab of your International Services Portal to complete your I-20 or DS-2019 document request.

Family/Surname: _____ First/Given Name: _____

Adelphi Start Term: _____ Adelphi ID Number: _____

Date of Birth (MM/DD/YYYY): _____ Adelphi Email: _____

U.S. Physical Street Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Telephone Number: _____

I request and authorize the electronic release of my SEVIS record to Adelphi University at the campus listed below:

Garden City (NYC214F00716000) New York City Center (NYC214F00716001)

Student Signature: _____ Date: _____

SECTION B (To be completed by the international student advisor)

To the International Advisor (DSO/ARO): The above indicated student intends to transfer to Adelphi University and requests the electronic release of their SEVIS record to the indicated campus. Please complete this section, return the completed form to the student, and complete the transfer process.

Student's SEVIS ID: _____ SEVIS Release Date: _____

Student's SEVIS Status: Initial Active Completed Terminated*

Current Academic Level: _____

Dates of Enrollment: Program Start Date: _____ Program End Date: _____

Has this student been authorized for Curricular Practical Training? Yes No List Dates

Has this student been authorized for Optional Practical Training? Yes No List Dates

*If the student is in terminated status, please indicate the following:

Termination Date: _____ Termination Reason: _____

DSO/ARO Name: _____ Email: _____

School Name: _____ School Code: _____

Signature: _____ Date: _____