

INTERNATIONAL UNDERGRADUATE TRANSFER REPORT



Instructions for Applicant: As an F-1 (student) or J-1 (exchange visitor) visa holder, this form is to be completed only by applicants who currently attend U.S. high schools, colleges, universities, or language institutes. Please complete all of the following items before submitting to the Designated School Official (DSO) at your current school in the United States.

Name of Applicant _____ Stony Brook I.D. #: _____ Date of Birth _____
full legal name (1. family name; 2. given name; 3. middle name(s)) month/day/year

In accordance with the provisions of the Family Educational and Privacy Act of 1974, P.L. 93-380 with specific reference to Section 438 (a) (1) (B) and Subtitle A, Sections 99.11 and 99.12. (Note: If you check DO, the document will be confidential; if you check DO NOT, the document is not confidential.)

I DO I DO NOT waive my right of access to, and review of, this document I am requesting.

I hereby authorize the Designated School Official (DSO) to release the following information:

Signature of Applicant _____ Date _____

Instructions for The Designated School Official: The student named above is applying to the Stony Brook University. Before we issue a Certificate of Eligibility Form I-20 or DS-2019, we require the following information be on file in our office. We would very much appreciate your answers to the following questions. Please return or fax the report to the Undergraduate Admissions Office at the address below.

1. What is the current immigration status of the applicant? _____
2. Is your school where the student was last authorized to attend? YES NO
3. If F-1, a. What is the student's Admission number as indicated on the form I-94? _____
b. What is the date of completion on the student's latest I-20 to your school? _____
c. What is the length of the program? _____
d. Has the student used any practical training? _____ curricular p.t. _____ (months) optional p.t. _____ (months)
e. Is the student engaged in optional practical training before/after completion of studies? YES NO
f. What is the student's SEVIS ID number? _____
g. What date do you anticipate to release the student's SEVIS record to Stony Brook University? _____
4. If J-1: a. What was the beginning date for this program? _____
5. School Authorization Code _____ 214F _____
b. Attach copies of all Forms DS-2019.
c. Attach copy of Form I-94, front and back.
d. Would you be willing to sign the Transfer Form DS-2019? YES NO
e. Category of Participation: Student Research Scholar Professor Short-Term Scholar
 Other (Please indicate) _____
f. What is the student's SEVIS ID number? _____
g. What date do you anticipate to release the student's SEVIS record to Stony Brook University? _____
6. Has the student maintained full-time studies as defined by the regulations, including any certifications granted by you under 8 CFR 214.2(f)(6)(iii)? YES NO
7. The term in which the student was last enrolled was the _____ semester of _____ year
8. On what date did the applicant first arrive in the U.S.? _____
9. Could the applicant continue to study at your institution? YES NO
If not, why not? _____

Comments: _____

Signature of Designated School Official _____ Date _____

Printed Name of Designated School Official _____ Telephone _____

Name and Address of Institution _____

**Return this form to: Office of Undergraduate Admissions
Attention: International Undergraduate Admissions
Stony Brook University
Stony Brook, NY 11794-1901
Fax: (631) 632-9898**