

# Visa & Immigration Services

## International Student Transfer-In Report



**Instructions:** Complete Section I, then have your International Student Advisor (P/DSO or A/RO) at your current institution complete Section II. Completed forms must be scanned and emailed to [vis@stonybrook.edu](mailto:vis@stonybrook.edu).

### SECTION I: TO BE COMPLETED BY STUDENT

Full Name: \_\_\_\_\_ Stony Brook ID#: \_\_\_\_\_

SEVIS ID#: N \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

U.S. Address \_\_\_\_\_  
Street

\_\_\_\_\_ City / Town State Zip Code

Term you intend to enroll at Stony Brook University:  Fall 20\_\_\_\_  Summer 20\_\_\_\_  Spring 20\_\_\_\_

**Authorization:** I understand must have my SEVIS record transferred at least 15 days prior to the start of school. I authorize my current institution's International Student Advisor to review the information provided above, complete Section II of this form, provide additional comments and release my SEVIS record to Stony Brook University.

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

### SECTION II: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

Student's Current Immigration Status:  F-1  J-1 If J-1, indicate Category of Participation: \_\_\_\_\_

Student's Current Academic Level:  High School  Language Training  Associates  Bachelor  Masters  Doctoral

Dates of enrollment at your institution: Start Date: \_\_\_\_\_ / End Date: \_\_\_\_\_

Number of months of Practical Training used at his/her current academic level: \_\_\_\_\_ CPT (# of months used): \_\_\_\_\_  
OPT (# of months used): \_\_\_\_\_  
17-month STEM Extension: \_\_\_\_\_

Has the student maintained his/her immigration status according to federal regulations?  Yes  No

Will the student's SEVIS Record be released in 'active' status?  Yes  No Student's SEVIS Release Date: \_\_\_\_\_

*NOTE: If student is in completed or terminated status, contact VIS at (631)632-4685 before transferring their SEVIS record.*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Title:  PDSO  DSO  RO  ARO

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone#: \_\_\_\_\_