TRANSFER STUDENT INFORMATION FORM

Please answer the questions below and fax the form to (845) 257-3608 or email it to international@newpaltz.edu

NAME: ____________________________________________________________

PROGRAM: _____ Undergraduate _____ Graduate

MAJOR: __________________________________________

SEMESTER: _____ fall _____ spring semester 20____

Are you currently in the US?

Are you attending an educational institution in the US? If so, what is the name of that school?

If you are in the US, what is your current visa status?

Are you planning to travel outside the US before you come to SUNY New Paltz?

Did you include financial documents in your application materials? (If not, please forward them to me as soon as possible).

Thank you very much for answering our questions. If you are currently in the US attending an educational institution, please give the TRANSFER IN form to your International Student Advisor.

If you have any questions, please contact us by telephone at (845) 257-3595, by fax at (845) 257-3608 or by email at international@newpaltz.edu
Transfer procedure: If you plan to transfer to SUNY New Paltz from another school in the United States, you must use this form to notify us (“your transfer school”) of your current status at another school in the United States and your intent to transfer to SUNY New Paltz. A transfer, according to the Immigration Service, is any change of schools, whether you complete your current program and begin a new program at New Paltz, or whether you will continue the same degree program here.

Please complete this information and give it to the DSO at your present school and then fax or email the completed form to us.

Student’s name _______________________________________________________________
Admission number ___________________________ ___________________________
SEVIS ID # (if available) _______________________________________________________
Telephone ___________________________ E-mail ___________________________
I give permission for my present school to release the information requested on this form.
Signature ___________________________________________________________ Date ___________________________

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO)

This student has been accepted to the State University of New York at New Paltz. We are listed in SEVIS as “State University of New York at New Paltz”, SEVIS CODE: NYC214F01224000 . We request confirmation of his/her status before completing a transfer.

1. SEVIS ID Number: _______________________________________________________
2. Date of last attendance at your school: _______________________________________
3. Has the student maintained F-1 Student status at your institution? [ ] Yes [ ] No
4. Date current program ends: _____/_____/_____
5. Release date for transfer out: _____/_____/_____
6. Please indicate the dates of any practical training in which the student has participated:

Name and title of DSO completing this form ___________________________ Signature ___________________________

Name of Institution ___________________________ Date ___________________________

Telephone Number ___________________________ Fax Number: ___________________________