



## Rochester University SEVIS I-20 Transfer Form

### Section I: To be completed by the student

Only students who have been attending school in the United States are required to submit this form. Please complete the part 1 and then bring it to the international student advisor at the school you currently attend or most recently attended. Your I-20 cannot be finalized until this form is received.

1. Student's Name: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name)
2. Date of Birth: \_\_\_\_\_ (month)/\_\_\_\_\_ (date)/\_\_\_\_\_ (year)
3. Student's Address: \_\_\_\_\_
4. Admissions number (from your I-94 card): \_\_\_\_\_
5. Student's SEVIS ID: \_\_\_\_\_
6. Telephone: \_\_\_\_\_ 7. Email Address: \_\_\_\_\_

I intend to transfer to Rochester University for (please check the below)

( ☐ ) Winter 20\_\_\_\_, ( ☐ ) Spring 20\_\_\_\_, ( ☐ ) Summer 20\_\_\_\_, or ( ☐ ) Fall 20\_\_\_\_

I authorize grant permission for the information required below to be made available to Rochester University.

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

### Section II: To be completed by a Designated School Official

The above-named student intends to transfer to Rochester University for the quarter stated above. Please answer all questions based on the term immediately preceding the transfer or the last quarter preceding a vacation or authorized practical training.

8. The student was issued a SEVIS I-20 Form. We will change his/her SEVIS record to reflect "transfer-out" to Rochester University
9. The "release date" will be \_\_\_\_\_ SEVIS #: \_\_\_\_\_
10. What was the course of study? \_\_\_\_\_
11. What was the expected last date of attendance? \_\_\_\_\_
12. What was the number of completed credit units? \_\_\_\_\_
13. Was the student considered to be pursuing a full course of study? Yes ( ☐ ) No ( ☐ )
14. Is the student currently authorized to attend your institution by USCIS? Yes ( ☐ ) No ( ☐ )
15. Did the student transfer to your institution? Yes ( ☐ ) No ( ☐ )
16. Has the student met all financial obligations? Yes ( ☐ ) No ( ☐ )

**\*\*When you transfer out the student, can you please first check his or her admission letter from us!!\*\***

Completed by (DSO Signature or Seal) \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name & Title: \_\_\_\_\_/\_\_\_\_\_

Institution Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please fax completed form to:

**Rochester University**  
4040 Barranca Pkwy # 270, Irvine, CA 92604  
Tel. (213) 700-7974 Fax. (213) 700-7974