$R{\cdot}I{\cdot}T$

Rochester Institute of Technology Undergraduate Admissions 60 Lomb Memorial Drive Rochester, NY 14623 Ph: 585-475-6631

SEVIS I-20 Transfer <u>To</u> Rochester Institute of Technology

PART I (to be filled out by the student)

Student's name			
	First Name	Last (Family) Name	
SEVIS ID # (if available)			
School ID or Social Security Number			
OPT dates (if any)	to)	
Transfer Release Date		RIT Program Begins	
Current U.S. Address:		Foreign Address:	
Current Telephone		E-mail	
I give permission for my p	present school to release	e the information requested on this form and to release	e me to
RIT on the above Transfe	er Release Date.		
Student Signature		Date	
·	-	nternational Student Advisor)	No
Began course Did not comple Did not report Is awaiting rei OPT dates au	of study onete the course of study. to this school nstatement or change of	ram, and has been enrolled since _ and completed course of study on Last day of attendance was f status, SRC number, if known: to	
3 To the best of your kno	owledge, is this student of	eligible to transfer? Yes No	

If not, please explain on the reverse side.

Signature of School DSO

Print Name

Phone Number

School Name

Date

[School Seal or Office Stamp]

Advisor: Please return this form by mail to the address above, or return to student in a SEALED envelope from your institution. Unsealed forms will not be accepted.