



English Language Center  
 Rochester Institute of Technology  
 28 Lomb Memorial Drive  
 Rochester, NY 14623  
 Ph: 585-475-6684  
 Fax: 585-475-5330

**SEVIS 1-20 Transfer**  
**To: English Language Center, Rochester Institute of Technology**

**Part I** (to be filled out by the student)

Student's Name \_\_\_\_\_  
First Name Last (Family) Name

SEVIS ID # \_\_\_\_\_

Transfer Release Date \_\_\_\_\_ RIT Program Begins \_\_\_\_\_

Current U.S. Address: \_\_\_\_\_ Foreign Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

I give permission for my present school to release the information requested on this form and to release me to RIT on the above Transfer Release Date.

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

**Part II** (to be filled out by current International Student Advisor)

1. Is this student currently attending the school that s/he was last authorized by INS to attend?  
 Yes \_\_\_ No \_\_\_

2. And student...  
 Is currently enrolled in a full-time program, and has been enrolled since \_\_\_\_\_  
 Began course of study on \_\_\_\_\_ and completed course of study on \_\_\_\_\_  
 Did not complete the course of study. Last day of attendance was \_\_\_\_\_  
 Did not report to this school  
 Is awaiting reinstatement of change of status, SRC number, if known: \_\_\_\_\_  
 Other: \_\_\_\_\_

3. This student has met all financial obligations to the school? Yes \_\_\_ No \_\_\_

4. To the best of your knowledge, is this student 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.**