



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

**SEVIS I-20 Transfer
 To 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 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 or change of status, SRC number, if known: _____
- OPT dates authorized by Immigration: _____ to _____
- Other: _____

3 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.