R·I·T

Undergraduate Admissions

SEVIS Transfer Release Form

(for F-1 students transferring to RIT)

SECTION A: To be completed by the student requesting a transfer

Student's Name: _____ _____
Family name First name

RIT University ID: _____ Email _____

Term of Admission to ◉ Fall ○ Spring ○ Summer Year _____

Please indicate if you will remain in the US or if you will travel internationally before coming to RIT.

- ○ Remain in the US (your I-20 can be picked up in ISS when you arrive at RIT)
- ○ Travel Internationally (Your I-20 will be mailed to you. Please type the mailing address clearly).

Street: _____ City: _____ Province/State: _____

Country: _____ Postal Code: _____ Telephone Number: _____

STATEMENT: I intend to transfer to RIT and request that my SEVIS record be transferred to RIT. I grant permission for the information below to be released to RIT International Student Services.

Student's signature _____ Date _____

SECTION B: To be completed by International Student Advisor at your current US school

This student has been accepted for admission to RIT and in order to enroll needs to transfer his or her SEVIS record to RIT. We require the following information to verify the student's status and to determine his or her eligibility to transfer to RIT. **Please do not transfer this student to the RIT English Language Center campus**. All students must now be transferred to the RIT main campus **BUF214F00033000.**

- ☐ To the best of my knowledge this student is mainlining F-1 status.
- ☐ Student's record is "Active" in SEVIS

Student's last date of enrollment or OPT end date: _____

Please indicate any employment authorization or reduced course load authorization:

- ☐ Curricular Practical Training (CPT) – Dates of Authorization _____
- ☐ Optional Practical Training (OPT) – Dates of Authorization _____
- ☐ Reduced Course Load – Reason and Dates of Authorization _____

Student's SEVIS ID: _____ Transfer Release Date: _____

Name and Title of DSO: _____

Phone: _____ Email: _____

School Name: _____

Signature _____ Date: _____

Please scan and email (admissions@rit.edu) or fax (585-475-7424) this form to RIT Undergraduate Admissions.

Thank you!