



International Student Transfer Form

Student's Name: _____
(Last Name) (First Name) (Middle Name)

I want to begin classes at Herkimer College on _____ during the _____ semester.

Current address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____ E-mail address: _____

I give my permission to my current school to release the information requested on this form.

Signature: _____ Date: _____

To be completed by the international student advisor (DSO) at the 'transfer out' school.

1. Is this student currently attending the school that he/she was last authorized by the INS to attend?
Yes () No ()

- () Student did not report to this school.
- () Student reported to this school, but did not complete registration or attend classes.
- () Student is currently enrolled in a full-time program, and has been enrolled since _____
- () Student began studying on _____ and completed their course of study on _____
- () Student did not complete their course of study. Their last day of study was _____
- () Student is in reinstatement or change of status proceedings, the SRC number is: _____
- () Other: _____

2. Has this student had any financial problems with your institution?
Yes () No ()

If yes, please explain on the reverse side.

3. To the best of your knowledge, is this student 'in-status' with the INS?
Yes () No ()

4. SEVIS ID#: _____

5. The student's Transfer Release Date in SEVIS is: _____

Please release the student to "State University of New York Herkimer County Community College" (BUF214F10214000)

Name of institution: _____

Signature of school DSO: _____ Name and title: _____

E-mail address: _____ Phone number: _____