



**I-20 Transfer-In Form
F-1 International Students**

Office of Admissions
108 Ravine Parkway
Oneonta, NY 13820, U.S.A.
Phone: (607) 436-2524
Fax: (607) 436-3074
admissions@oneonta.edu

Use this form to provide SUNY Oneonta with current information about your immigration/visa status. Please fill out the "Student Information" section of the form, print and forward it to your international student advisor. The advisor will fill out the F-1 section and submit it to the Office of Admissions. We cannot issue you an I-20 from SUNY Oneonta without this completed form, the transfer of your SEVIS record, and sufficient financial documentation. Please fax or mail this form to the address noted above.

STUDENT INFORMATION

This section to be completed by student

Name: _____
First/Given Middle Last/Family

U.S. Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Phone Number: _____ Email Address: _____
ex. 1-607-436-2524

Permanent Address: _____
(outside of U.S.)

Home Phone Number: _____
Country Code City Code Number

Term you intend to transfer to SUNY Oneonta: Spring Fall

Do you intend to travel outside the U.S. before beginning your studies at SUNY Oneonta?

No Yes Dates: from _____ to _____

If yes above, will you need to apply for a renewal of your F-1 visa to return to the U.S.?

No Yes

I give permission for my current school to transfer my I-20 to the SUNY Oneonta

Requested I-20 Transfer Date to SUNY Oneonta: _____
Month/Day/Year

Student Signature

Date

F-1 STUDENT SEVIS RECORD TRANSFER

This section to be completed by advisor or designated school official

Please complete and return to us with copies of the student's I-20.

School name as it appears in SEVIS: _____

School SEVIS code: _____ Student SEVIS ID#: _____

Is the student's record currently in SEVIS as "transfer out" to State University of New York College at Oneonta?

Yes No

SUNY Oneonta (BUF214F10119000)

What is the release date have you and the student agreed upon? _____

The above named student is/was pursuing a full-time course of study at our institution? Yes No

The above named student is/was in good academic standing? Yes No

The above named student is/was in good financial standing? Yes No

When was student last considered full-time at your institution? Spring Summer Fall

To the best of my knowledge, the student is currently in status: Yes No

If NO please explain: _____

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Name and title of school official _____

Please Print

Telephone _____ E-mail _____

Signature of school official _____

(International Advisor/PDSO/DSO)

Please return this form to:

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