International Student Services
Transfer Verification Form

Congratulations on your admission to Morrisville State College! Federal regulations require our office to seek verification of your enrollment status from the international student advisor of the school you were last authorized to attend. Please present this form to the international student advisor at your current school and request that it be returned to us within 2 weeks.

Your signature below indicates that you have authorized the release of this information. Thank you.

__________________________________________
Printed Name

__________________________________________
Signature

__________________________________________
Date

This section is to be completed by the international student advisor at your current school.

Yes No
___ ___ The above named student is authorized by the Department of Homeland Security to attend your school.

___ ___ The student has been entered into SEVIS by your school. Student’s SEVIS Number _____________________________

___ ___ The student has maintained F-1 status. If no, why? _____________________________

___ ___ The student has been enrolled for a full-time academic load for the most recent term, ____________, 2____ Year

___ ___ The student has completed the program the I-20 was issued for? If yes, when _____________________________

___ ___ The student used an Authorized Reduced Course Load (ARCL) at your school. If yes, specify the type and the dates of ARCL.

__________________________________________
Type of ARCL

__________________________________________
Dates

Please list all periods of authorized Practical Training. Specify CPT or OPT:

<table>
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<tr>
<th>CPT or OPT</th>
<th>Start and end dates</th>
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The student’s current non-immigrant status is ___________ The SEVIS release date for this student is ___________

PLEASE PROVIDE A PHOTOCOPY OF STUDENT’S SEVIS I-20 IF IN F-1 STATUS

_______________________________________________________________________________
School Name and Address

_______________________________________________________________________________
Printed Name and Title of School Official

_______________________________________________________________________________
School Official’s Signature

_______________________________________________________________________________
Date