INTERNATIONAL STUDENT SEVIS TRANSFER VERIFICATION FORM

-For students that attended a school in the United States in F1 visa status-

SEVIS name: City University of New York, Brooklyn College          School code: NYC214F00812004

-We can only issue an I-20 when the previous school releases the student record to Brooklyn College in SEVIS-

Semester Admitted ____________________  Readmitted ________________  ☐Freshman  ☐Transfer  ☐Graduate

SECTION A - TO BE COMPLETED BY THE STUDENT

SEVIS # N ____________________________  USCIS Admission # ____________________________  
(As indicated on the I-94 departure card)

NAME (print) ________________________________________________________________

Last  ____________________  First  ____________________  Middle  ____________________

I intend to transfer to Brooklyn College for the ________________ semester and hereby grant permission for you to release my SEVIS record to this institution.

Student's Signature ____________________________________________________________  Date ______________________________

SECTION B - TO BE COMPLETED BY THE PREVIOUS SCHOOL

IS THE STUDENT AUTHORIZED BY USCIS TO ATTEND YOUR INSTITUTION? ☐ YES  ☐ NO

☐ Registered in a full-time course of study through the ____________________________

Semester  ____________________________  Year  ____________________________

☐ Registered in less than a full-time course of study. Please provide explanation in the comments section below.

☐ Completed the course of study at your school on ____________________________

Semester  ____________________________  Year  ____________________________

☐ Did not complete the course of study but terminated attendance on ____________________________

☐ Completed the course of study and is engaged in *Post Completion OPT ____________________________

* from to ____________________________

OUR RECORDS INDICATE THAT THE STUDENT USED THE FOLLOWING AMOUNT OF PRACTICAL TRAINING:

Pre-completion: ___________ month(s)  Post-completion ___________ month(s)  Curricular ___________ month(s)

COMMENTS ________________________________________________________________

Name and Title ________________________________________________________________

Institution ______________________________________________________ Telephone ____________________________

Address ______________________________________________________ E-mail ____________________________

Signature ______________________________________________________ Date ____________________________

SEVIS RELEASE DATE ____________________________________________________________