

**Admissions Office-International
Morrisville State College – PO Box
Morrisville, NY 13408
Phone: 1-315-684-6046 Fax: 1-315-684-6427**

Transfer Verification Form

You have been accepted to Morrisville State College. Congratulations! Federal regulations governing students in F and J status require our office to seek verification of your enrollment status from the international student advisor of the school you were authorized to attend. Therefore, please present this letter to the international student advisor at your current school and request that it be returned to us. If you are enrolled in a U.S. high school, give this form to the office at your school that issued you your I-20 or DS-2019.

Submission of this form indicates that you have authorized the release of this information. Thank you.

_____ Student Name (Please print legibly) _____ 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. Indicate SEVIS ID# here: _____
_____	_____	The student has been enrolled for a full-time academic load for the term for which he/she was most recently registered, which is: Fall _____ Spring _____ Summer _____ Year _____
_____	_____	The student was enrolled part-time for the term for which he/she was most recently registered, which is: Fall _____ Spring _____ Summer _____ Year _____
		Please explain the reason for part-time status _____

Please list all periods of authorized Practical Training with beginning and ending dates. Specify whether curricular or optional:

Curricular Practical Training (CPT)	Dates of CPT	Optional Practical Training (OPT)	Dates of OPT

The student's current non-immigrant status is _____ (F-1) _____ (J-1)

The SEVIS release date for this student is _____

(We are listed in the SEVIS transfer list as: **SUNY College of Agriculture and Technology at Morrisville BUF214F10083000**)

Today's date

_____	_____	_____
Title of School Official	Name of School Official	Phone # of School Official
_____	_____	
School Name	Email Address of School Official	
_____	_____	_____
Address	City	State/Zip Code

Please do not transfer Completed or Terminated Records. When complete, email this form to longoer@morrisville.edu or fax to the attention of Erin Longo at 315-684-6427.