STATE UNIVERSITY OF
NEW YORK
Utica • Albany

Bachelor's • Master's • Ph.D.

International Admissions & Student Services
SUNY Polytechnic Institute
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International Student Transfer Form

THIS PORTION TO BE FILLED OUT BY THE STUDENT

Student Last Name: _____First Name: _____Middle:_____

I want to begin classes at State University of New York Polytechnic Institute in Fall _____semester

Spring _____ semester

Current Address: _____

City: _____ State: _____Zip Code_____

Telephone Number: _____Email:_____

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

_____   _____
Signature   Date (mm/dd/yyyy)
_____

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 USCIS 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 in the program on _____and completed the course of study on _____
   ☐ Student did not complete the course of study. His/her last day of attendance was _____
   ☐ Student is in reinstatement or change of status proceedings, the SRC number, if know, 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 USCIS? Yes ☐ No ☐ 4. SEVIS ID# _____

   This student's Transfer Release Date in SEVIS is: _____

   Please release the student to:

   1. "STATE UNIVERSITY OF NEW YORK (SUNY)" under Campus Name "SUNY Polytechnic Institute" (BUF214F10259000) – Utica Campus **OR**
   2. "STATE UNIVERSITY OF NEW YORK (SUNY)" under Campus Name "SUNY Polytechnic Institute" (BUF214F10259001) - Albany Campus

_____
Name of institution

_____
Signature of school DSO Name and Title

_____
E-mail Address Phone Number

Email this page to international@sunypoly.edu ATTN: Tze Teck Sim, Deputy Director | PDSO or fax it to 315.792.7221