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I-20 TRANSFER CERTIFICATION FORM

SEVIS School Code: NYC 214F 0070 1002

SECTION 1 (TO THE STUDENT) (Please print)

This form will confirm your eligibility for school transfer. Please complete Section 1 of this form. Send the form to International Student Advisor/DSO of your current or former school to complete Section 2.

Last name _____ First name _____ M.I. _____

Date of Birth: _____ SEVIS ID Number _____ (see I-20 pg. 1)

Program: _____

With my signature below, I authorize the release of the information requested by Nyack College/Seminary/Graduate Schools.

Signature _____ Date: ____/____/____

SECTION 2 (TO BE COMPLETED BY FORMER SCHOOL DSO) Please scan this document to admissions@nyack.edu

The student above has been accepted to Nyack College/Seminary/Graduate Schools. Please request a copy of his/her admissions acceptance letter prior to releasing the SEVIS file. Please do not transfer a SEVIS record that is in a terminated or completed status without first consulting with the Nyack College P/DSO.

1. Your school name & SEVIS code _____

2. Was the student authorized by USCIS to attend your institution as an F-1 student? Yes _____ No _____

3. Is the student in good standing and eligible to continue at your institution? Yes _____ No _____

If no, please explain: _____

4. When did or will the student last attend your school? Month: _____ Year: _____

5. Date of "Completion of Studies" as indicated on last Form I-20 issued: ____/____/____

6. Was the student granted "Employment Authorization" while a student at your school? Yes _____ No _____

If yes, please note periods granted: _____

7. Has the student met financial obligations with the institution? Yes _____ No _____

8. Transfer Release Date: ____/____/____ 9. Has the student ever been out of status? Yes _____ No _____

10. Comments: _____

DSO Name _____ Date: ____/____/____

Signature _____ Title _____

Email: _____ Telephone Number (____) _____