

SEVIS Transfer-In Form

Please submit only if:

- You are in F-1 student status.
- Have studied at another U.S. institution within the last 5 months.
 - If you have never studied at a U.S. institution before, please do not submit this form.

Directions:

- 1) Student completes Section 1.
 - 2) Student contacts International Student Advisor (DSO) at the current/previous school to complete Section 2.
 - 3) International Student Advisor (DSO) completes Section 2 and returns completed form to the student.
 - 4) Student uploads completed form to their Pratt student online dashboard.
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Section 1

TO BE COMPLETED BY THE STUDENT:

Name: _____

Date of Birth (Month/Day/Year): _____

Pratt ID# (If known): _____

Campus: Brooklyn Campus (NYC214F00775000)
 Manhattan Campus (NYC214F00775001)

Program/Degree: _____

Semester: Fall Spring Summer **Year:** 20____

I sign hereby to confirm my intention to transfer to Pratt Institute. I grant permission for the information requested below to be forwarded to my international Student Advisor at Pratt Institute.

Signature: _____ **Date:** _____

E-mail: _____ **Phone:** _____

TURN OVER

Section 2

TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR (DSO) AT CURRENT/PREVIOUS INSTITUTION:

Student's name per your files: _____

SEVIS ID number: N _____

SEVIS Release Date: _____

Did DHS authorize the student to attend your institution? Yes No

If no, please comment: _____

Did the student attend another U.S. institution before yours? Yes No

If yes, please comment: _____

Has the student been pursuing a full course of study? Yes No

If no, please comment: _____

Did the student maintain F-1 status while at your institution? Yes No

If no, please comment: _____

Level of study at your institution:

High School Undergraduate Graduate Language Training Other

Dates attended: From _____ To _____

Studies completed? Yes No

If no, please comment: _____

Has student been granted work authorization? No Yes, type of work authorization:

Optional Practical Training Curricular Practical Training

Other, please comment: _____

From _____ To _____

Expected completion date on SEVIS I-20: _____

Please share any info you feel is relevant or appropriate: _____

TURN OVER

Institution Name: _____ **School Code:** _____

Institution Address: _____

I sign hereby confirming that the named student intends to transfer to Pratt Institute.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

E-mail: _____ **Phone:** _____