



OFFICE OF INTERNATIONAL EDUCATION AND DEVELOPMENT TRANSFER OF SEVIS RECORD

Complete and return this form only after receiving official notice of admission from the Office of Admissions. International students admitted and transferring to Florida A&M University (FAMU) must submit this form to the Office of International Education and Development (OIED) before we can issue the appropriate I-20 or DS-2019 form. If you are currently in F-1 or J-1 status, you are considered a transfer for immigration purposes, even if you have just graduated from a degree program or an intensive English language school. You will need to complete PART ONE of this form and please ask an international student advisor at your current school/institution to complete PART TWO of the form, then email form to: famuoied@gmail.com or fax it to the number on page 2, and if you are eligible, transfer your SEVIS record to FAMU. Your FAMU I-20 or DS-2019 cannot be produced until your SEVIS record is released to FAMU and you have provided proof of adequate funds.

Please be informed of the following:

1. Your SEVIS record can be released and transferred to only ONE school/institution. If you have any questions about the SEVIS transfer process, it is best to discuss your concerns with the international student advisor at your current school.
2. All employment at the current school MUST CEASE upon official release of your SEVIS record to FAMU. You may work only at the school that has responsibility for your SEVIS record. If you are approved for Optical Practical Training (OPT), your OPT cancels out on the release date of your SEVIS record to FAMU.
3. You will be required to attend new international student orientation.

PART ONE: TO BE COMPLETED BY STUDENT:

Intended enrollment at FAMU: Year _____ Fall _____ Spring _____ Summer Session (A,B,C) _____
Current Degree Program: Bachelor's _____ Master's _____ Doctoral _____ Other: _____

List Name (as written in passport)

Last Name _____ First Name _____ Middle Name _____
Phone _____ E-mail _____

Date of Birth _____ Country of Birth _____ Country of Citizenship _____
Permanent Address (in home country) _____
Current Address (in U.S.) _____

Please send my I-20 to: Permanent address _____ Current address _____ Will pick up in Tallahassee _____

IMPORTANT: Do you intend to leave the U.S. before beginning your studies at FAMU? Yes No

If yes, provide departure date: _____

By signing below, I authorize my current International Student Advisor to provide the information requested.

Signature _____ Date _____

PART TWO: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:

Student Information: Name _____ Current visa status (F-1, J-1) _____

If J-1 holder: Category _____ Subject to 2-year residence requirement? Yes No

SEVIS ID Number _____ SEVIS Transfer Date _____

NOTE: Florida A&M University is listed in SEVIS as "Florida A&M University." School Code: MIA214F00204000



PLEASE CHECK AND COMPLETE ALL THAT APPLY:

Academic Standing:

Student is in good standing. The last day of the last session attended was: _____
 Student has been enrolled in a full course of study in the last two sessions
 Student graduated (term/year) _____

History of Work Authorization:

<u>Type of Training</u>	<u>Status</u>	<u>Degree Level</u>	<u>Dates of Training</u>
Optional Practical Training	<input type="checkbox"/> Pending	<input type="checkbox"/> Bachelor's	From _____
	<input type="checkbox"/> Approved	<input type="checkbox"/> Master's	To _____
	<input type="checkbox"/> Completed	<input type="checkbox"/> Doctoral	
Curricular Practical Training	<input type="checkbox"/> Approved	<input type="checkbox"/> Bachelor's	From _____
	<input type="checkbox"/> Completed	<input type="checkbox"/> Master's	To _____
		<input type="checkbox"/> Doctoral	
Academic Training (J-1)	<input type="checkbox"/> Approved <input type="checkbox"/> Completed	Total Number of Months Approved _____	From _____ To _____
Other (explain) _____			

History of Reduced Course Load Authorization:

The student was granted reduced course load RCL authorization
Reason for RCL _____ Number of months RCL Authorized _____
Comments _____

Visa Status:

The student has maintained visa status and is eligible for a SEVIS transfer to FAMU.
 The student is out of status (explain): _____

 We are requesting reinstatement prior to the SEVIS transfer.

Other remarks (e.g. SEVIS records, etc.) _____

Institution Name: _____

Institution Address: _____

DSO or Responsible Officer Name _____ Title _____

DSO or Responsible Officer Signature _____

Phone Number _____ E-mail Address _____