

## F-1 Transfer-In Information

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**PART 1: To be completed by the student:**

Print Name: \_\_\_\_\_  
(First, Middle, Last (Family name))

Today's Date: \_\_\_\_\_ SEVIS ID Number: \_\_\_\_\_  
(Month/Date/Year)

Country of citizenship (or Permanent Residency):  
\_\_\_\_\_

Term you intend to transfer to Maritime College: \_\_\_\_\_

Do you intend to travel *outside* the U.S. before beginning your studies at Maritime College?

NO YES Dates: From \_\_\_\_\_ to \_\_\_\_\_

Do you have a valid F-1 visa? NO YES

If yes, when does your F-1 visa expire? \_\_\_\_\_

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**PART 2: To be completed by the international student advisor or P/DSO ONLY:**

**Designated School Official:** Please complete and return to us with electronic copies of the student's Forms I-20. *To transfer out the SEVIS record, please search for "State University of New York" and find the Maritime College campus.*

School name: \_\_\_\_\_

Local address: \_\_\_\_\_

Office of Student Affairs

Program of study: \_\_\_\_\_

Did the student maintain a valid F-1 Student status (circle one)?      YES      NO  
If not, why? \_\_\_\_\_

Did the student complete the program the I-20 was issued for?  
NO      YES      If yes, when? \_\_\_\_\_

Please include the following:

1: Authorized Reduced Course Loads: Type (Medical/Academic) and date(s):  
\_\_\_\_\_

Dates of attendance: \_\_\_\_\_

What "release date" have you and your student agreed upon for the student's SEVIS record to be transferred to us? Release date: \_\_\_\_\_  
(Month/Date/Year)

Name of International Student Advisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of International Student Advisor/P/DSO: \_\_\_\_\_

**Please return this form to:**

Laurie Zinberg, Coordinator of International Students  
SUNY Maritime College  
6 Pennyfield Avenue, Bronx, NY 10465  
Phone: 718-409-7356 Fax: 718-409-4735  
Email: [lzinberg@sunymaritime.edu](mailto:lzinberg@sunymaritime.edu)

Office of Student Affairs