



SEVIS Transfer Form for Graduate Degree Programs

Part A: TO BE COMPLETED BY THE STUDENT:

If you are transferring from or have graduated from a college or university in the U.S., you are requested to sign the authorization below and to ask your International Student Advisor from your previous school to complete this form and return it to University of New Haven Graduate Admissions at Graduate@newhaven.edu.

I authorize the International Student Advisor or equivalent campus officer at my previous school to provide the information requested below to the University of New Haven: Please select the school code below:

Graduate – All programs in the College of Business: Orange, CT Campus BOS214F10096001 []

Graduate – All other programs: West Haven, CT Campus BOS214F10096000 []

DATE YOU INTEND TO BEGIN COURSES AT THE UNIVERSITY OF NEW HAVEN: _____

STUDENT'S SIGNATURE: _____ DATE: _____

CLEARLY write your full name, University of New Haven Student ID #, mailing address, phone number and email:

Last name First name U New Haven Student ID number

Address where new I-20 should be mailed

Phone number E-mail address

Part B: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR AT PREVIOUS SCHOOL:

Type of status now held: _____

Date of initial entry to the U.S.: _____

Date of first attendance at your school: _____ Date of last attendance: _____

Has the student been authorized for any periods of Practical Training? Yes No

If yes: Dates of CPT _____ Dates of OPT _____

Has the student maintained his/her immigration status through the date of last attendance at your institution? () yes () no

If no, please explain: _____

SEVIS ID # _____ SEVIS Release Date: _____

Date Name (printed) Signature

Title Institution (exactly as it appears in SEVIS)

Phone & email Address

Part C: Return this form by email to Graduate@newhaven.edu