



New Paltz

STATE UNIVERSITY OF NEW YORK

Center for International Programs
International Student Programs

TRANSFER STUDENT INFORMATION FORM

Please answer the questions below and email the form to international@newpaltz.edu or fax the form to (845) 257 3608

NAME: _____
First/Given Name Last/Surname

PROGRAM: _____ Undergraduate _____ Graduate

MAJOR AT NEW PALTZ: _____

SEMESTER: _____ fall _____ spring _____ summer semester 20 _____

Are you currently in the US? _____ Yes _____ No

If yes, what is your current visa status: _____

Are you attending an educational institution in the US? _____ Yes _____ No

If yes, what is the name of school: _____

Are you planning to travel outside the US before you come to SUNY New Paltz? _____ Yes _____ No

If yes, what are your travel plans (include dates): _____

Did you include financial documents in your application materials? _____ Yes _____ No

(If not, please forward an original bank statement to us as soon as possible).

Thank you very much for answering our questions. If you are currently in the US attending an educational institution, please give the TRANSFER IN form to your International Student Advisor at your current school.

If you have any questions, please contact us by telephone at (845) 257 3595, by fax at (845) 257-3608 or by email at international@newpaltz.edu



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Transfer procedure: If you plan to transfer to SUNY New Paltz from another school in the United States, you must use this form to notify us (“your transfer school”) of your current status at another school in the United States and your intent to transfer to SUNY New Paltz. A transfer, according to the Student Exchange and Visitor Program (SEVP), is any change of schools whether you withdraw or complete a program.

Please complete this information and give it to the DSO at your present school and then fax completed form to us.

Student’s name _____

Admission number (I-94) _____

SEVIS ID # (if available) _____

Telephone _____ E-mail _____

I give permission for my present school to release the information requested on this form.

Signature Date

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO)

This student has been accepted to the State University of New York at New Paltz. We are listed in SEVIS as “State University of New York at New Paltz”, SEVIS CODE: [NYC214F01224000](#) . We request confirmation of his/her status before completing a transfer.

1. SEVIS ID Number: _____
2. Date of last attendance at your school: _____
3. Has the student maintained F-1 Student status at your institution? []Yes [] No
4. Date current program ends: ____/____/____
5. Release date for transfer out: ____/____/____

Name and title of DSO completing this form

Signature

Name of Institution

Date

Telephone Number

Fax Number: