

SEVIS Transfer Form

for Undergraduate Associate/Bachelor Degree Programs

Part A: To be completed by the student:

If you are transferring from or have graduated from an educational institution in the U.S., you are requested to sign the authorization below and to ask your International Student Advisor from your current school to complete this form and return it to UNH Undergraduate Admissions at intugadm@newhaven.edu or fax number 203-931-6053.

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

Undergraduate programs – West Haven, CT Campus

BOS214F10096000 ☐

Date you intend to begin courses at UNH: _____

Student's Signature: _____ Date: _____

CLEARLY write your full name, UNH ID# (if you have it), mailing address, phone number and email:

Last Name

First Name

UNH ID Number

Address where new I-20 should be mailed

Telephone number

E-mail Address

Part B: To be completed by the international student advisor at former school:

Type of status now held: _____

Date of initial entry to the US: _____ Date of first attendance at your school: _____

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 to:

University of New Haven, Undergraduate Admissions
300 Boston Post Road, West Haven, CT 06516
intugadm@newhaven.edu | Fax: 203-931-6053



University of New Haven