

TRANSFER FORM

1. In order for the University of Rhode Island to issue an I-20 document and process the transfer, we must receive this form properly endorsed by the Designated School Official (DSO) of your current school.
2. Your current school must release your records to us in the Student & Exchange Visitor Information System SEVIS.
3. Please include a copy of you current I-20 or DS-2019 with this form.
4. You must include your foreign address in this form.
5. By signing below, the student authorizes the current school to release information regarding his or her non-immigrant visa status.

Student's signature: _____ Date: _____

SECTION A: Provide biographical information about yourself

F M

Last Name: _____ First Name: _____

Middle Name _____

Date of Birth: _____ Social Security Number: _____

Country of Birth: _____ Country of Citizenship: _____

SECTION B: Provide information about your dependents if accompanying you to the University of Rhode Island

Last name	
First name	
Middle name	
Date of birth	
City of birth	
Country of birth	
Passport issuing post	
Passport expiration date	
Relationship to you	

Last name	
First name	
Middle name	
Date of birth	
City of birth	
Country of birth	
Passport issuing post	
Passport expiration date	
Relationship to you	

SECTION C: Provide immigration information about yourself

Visa Type: _____ Visa Issuing date: _____

Visa Issuing post: _____

Admissions Number: _____

Passport expiration date: _____

Foreign address: _____

Will begin studies at URI on: _____

SECTION C: To be completed by Designated School Official (DSO) or Responsible Officer (RO) ONLY

1. The student is presently maintaining a valid visa status: F-1 J-1
2. Is the student eligible to transfer? *If no, please select below:* yes no
- 2a. Student failed to report to this school
- 2b. Student failed to maintain full-time enrollment
- 2c. Extension of stay is needed
- 2d. Reinstatement needed or pending
- 2e. Other, please explain
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3. Expected degree completion date: _____
4. Student did not complete course of study, but terminated attendance on _____
5. List any previous authorized practical training:
- CPT** from _____ to _____ & from _____ to _____
- OPT** from _____ to _____ & from _____ to _____
- AT** from _____ to _____ & from _____ to _____
6. Current SEVIS ID number: _____
7. SEVIS release date to the University of Rhode Island: _____
8. Include any additional comments in the space provided:
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-

INSTRUCTIONS FOR DSO/RO:

From SEVIS transfer screen choose:
University of Rhode Island- Kingston
School Code: BOS214F20104000

PLEASE ENDORSE BELOW:

DSO/RO's Name: _____ Title: _____

Name of Institution: _____

Tel: () _____-_____ Fax: () _____-_____

Address: _____

DSO's Signature: _____ Date: ____/____/____

Please return form to:

University of Rhode Island
Office of International Students and Scholars
37 Lower College Road, Kingston, RI 02881
Tel: (401) 874-2395; Fax: (401) 874-2402
E-mail: issoff@etal.uri.edu