

LIM COLLEGE | INTERNATIONAL STUDENT SERVICES

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SEVIS I-20 TRANSFER FORM

SEVIS SCHOOL CODE: LIM College (NYC214F00778000)

INSTRUCTIONS: Only students who are admitted to LIM College and have an active F-1 status are required to submit this form along with their I-20 application. The admitted LIM student must complete **Part 1** of the form and then provide this form to the International Advisor (DSO) at the school currently attending or most recently attended. The International Advisor (DSO) must complete **Part 2** of the form. After completion of the form, the student must upload this form to the LIM College's I-20 application.

PART 1: TO BE COMPLETED BY THE STUDENT

Full Name (as in passport) _____

SEVIS ID #: _____ Phone number: _____ Email: _____

Current Address: _____

I intend to transfer to LIM College for the Fall semester(yyyy)_____ Spring semester(yyyy) _____

Will you travel outside of the U.S. before starting at LIM College? Yes No

If yes, indicate travel dates outside the U.S. (mm/dd/yyyy) _____ To: _____

I request and authorize the release of the information in Part 2 to be made available to LIM College.

Student's signature: _____ Date: _____

PART 2: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO)

The above named student intends to transfer to LIM College. We appreciate your assistance in completing this portion in certifying the student's eligibility to transfer. Please return the completed form to the student. **Release SEVIS Record to: LIM College, SEVIS School Code: NYC214F00778000**

Was the student considered to be pursuing a full course of study? YES NO

What is the student's I-20 completion date? (mm/dd/yyyy) _____

Date of Enrollment at your institution? (mm/dd/yyyy) _____ Until: _____

Any authorized Reduced Course Load (RCL) at your institution? YES NO

If YES, check type and dates authorized: Academic Medical Final semester

Has the student been authorized for Practical Training? YES NO

If YES, check type and dates of practical training: CPT dates: _____

OPT dates: _____ STEM OPT dates: _____

Please check one:

The student is in lawful active F-1 status according to DHS regulations and is eligible for transfer.

The student is **NOT** in lawful F-1 status (completed/ terminated) according to DHS regulations.

If the student's record is NOT in status, please contact our office before releasing the SEVIS record

SEVIS Record release date: _____

Institution Name: _____ Address: _____

DSO Name: _____

DSO Title: _____

Phone Number: _____ Email: _____

Signature of DSO: _____ Date: _____