



## SEVIS Transfer In Form

Students who are eligible for a SEVIS transfer must complete Section I of this form and the student's International Student Advisor must complete Section II. This form is used for the preparation of the student's I-20. Please note that an I-20 cannot be issued until this form is received, an I-20 Request Form is received, and the SEVIS release date has been reached.

### Section I: To be completed by the student

Student's name (please print): \_\_\_\_\_ SEVIS #: \_\_\_\_\_

Student's phone number: \_\_\_\_\_

Student's e-mail address: \_\_\_\_\_

Student's current U.S. address: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

I hereby authorize my current International Student Advisor to complete Section 2 of this form and release my SEVIS record to the MGH Institute of Health Professions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section II: To be completed by the International Student Advisor

The student named on this form plans to enroll in a full-time program at the MGH Institute of Health Professions. Please complete Section II of this form and communicate with the student to determine a release date for the student's SEVIS record. Please fax this completed form to 617-726-8010, att: Jillian Sheehan, DSO or email it to jsheehan@mghihp.edu.

- I hereby confirm that, to the best of my knowledge, the above referenced student is considered to be maintaining lawful F-1 status and is eligible for transfer.

SEVIS Transfer Release Date: \_\_\_\_\_ Student's current CIP code: \_\_\_\_\_  
[MGH Institute of Health Professions school code is: BOS214F01111000.]

Please state periods of Optional Practical Training authorized for this student: \_\_\_\_\_

Name of F-2 Dependent(s) transferring with the student	SEVIS ID Number
_____	_____
_____	_____

- I hereby confirm that, to the best of my knowledge, the above referenced student is not eligible for notification of transfer for the following reason(s): Please add additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_

DSO signature _____	E-mail address _____
DSO name (printed) _____	Date _____
Name and address of Institution: _____	
_____	