

University of Massachusetts Dartmouth
SEVIS School Code for Main Campus: BOS214F00652000
285 Old Westport Road
North Dartmouth, MA 02747

TRANSFER VERIFICATION FORM

Any incoming international student wishing to transfer their I-20 record to the University of Massachusetts Dartmouth from another institution in the United States must complete this form.

To be completed by the student

Student's Printed Name: _____ Graduate or Undergraduate? _____

Birthdate: _____ Country of Birth: _____ Country of Citizenship: _____

I authorize my present International Student Advisor to provide the information below:

Student Signature: _____ Date: _____

To be completed by the International Student Advisor

SEVIS ID#: _____ Anticipated SEVIS Transfer Release Date: _____

- The student is in good standing, has been pursuing a full course of study, has met all financial obligations, and is maintaining visa status.
- The student has not been pursuing a full course of study. Please explain: _____
- The student has not met financial obligations. Please explain: _____
- The student is out-of-status. Please explain: _____
- Other: _____

Program End Date: _____ OPT Dates: _____ CPT Dates: _____

Date on which student LAST attended your school: _____

I certify that the preceding information is correct:

Signature of School Official Printed Name Title

Telephone Number E-mail address Date

Name and Address of Institution: _____

***Please do not release the SEVIS record until student provides a letter of admission from UMass Dartmouth.**

The current school should email the completed Transfer Form to:

- **Undergraduate Students** – admissions@umassd.edu , fax: 508-999-8755
- **Graduate Students** – graduate@umassd.edu , fax: 508-999-8183