University of Massachusetts Dartmouth
Transfer Status Verification Form for International Graduate Students

International graduate students wishing to transfer to the University of Massachusetts Dartmouth from another institution in the United States should have this form completed by their present International Student Advisor and returned directly to the University of Massachusetts Dartmouth Graduate Office by that school. If you are in the U.S. in a status other than F-1, please attach verification of that status and proof that you are maintaining that status.

Student’s Printed Name: ____________________________________________________________

Birthdate: __________________ Country of Birth: __________________ Country of Citizenship: __________________

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

Student’s Signature: __________________________________ Date: ____________________________

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To be completed by International Student Advisor. Please provide a copy of the student’s Form I-20.

For students with a SEVIS record: SEVIS ID# __________________________

Transfer Release Date __________________________

____ This student does not have a SEVIS record

____ 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 (explain).

____ The student has not met financial obligations (explain).

____ The student is out-of-status (explain).

____ Other: ______________________________________________________________

Degree pursued at your institution: ________________________________________________

Duration of degree program noted on original Form I-20 ____________________________

Practical training:

Optional: _______ Months: _______ Curricular: _______ Months: _______________________

Admission Number: __________________________ I-94 Number _________________________

Date on which student LAST attended your school: _________________________________

I certify that the preceding is correct:

Signature of School Official __________________________ Printed Name _________________________ Title __________________________

Name and Address of Institution _______________________________________________________

Telephone Number __________________________ Date __________________________ Email address _________________________

MAIL TO: Graduate Office
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