



International Student Transfer Form For SUNY College of Technology at Alfred

This form must be completed by all F-1 international students planning to transfer to Alfred State from another U.S. school.

To be completed by the student:

Family name/Surname: _____ First name: _____

Date of birth: (month) _____ (date) _____ (year) _____

Alfred State student ID # 800 _____ SEVIS number: N _____

Email address: _____ Phone number: (____) _____

Current address in the U.S.: _____

Current foreign address: _____

Semester you plan to begin at Alfred State: August Year _____ January Year _____

I give permission for the information requested below to be provided to Alfred State.

Applicant's signature _____ Date _____

To be completed by the Designated School Official at your most recent school attended:

Dates of attendance at your institution: from _____ to _____

Has the above-named student maintained his/her F-1 status at your institution? Yes or No

Has the above-named student met all of their financial obligations at your institution? Yes or No

To the best of your knowledge, is the above-named student eligible to transfer schools? Yes or No

If no, please explain why not _____

Has any practical training been authorized? Yes or No If yes, please indicate type, dates, and whether it was full time

or part time _____

Date SEVIS record will be released to Alfred State _____

In SEVIS please look for "State University of New York", College of Technology at Alfred (BUF214F00008000)

DSO's signature: _____ Printed name: _____ Date: _____

School name and address: _____

Email address: _____ Telephone number: (____) _____

Please fax this form to (607) 587-4299 and mail the original to:
Admissions - International, Alfred State, 10 Upper College Drive, Alfred, NY 14802