

## F-1 Transfer-In Form

This form is required if you are attending or have attended another U.S. institution within the **past 5 months**, or are currently on **Optional Practical Training** and in F-1 status.

- Part I should be completed by you, the student
- Part II should be completed by your International Student Advisor at the institution that you currently attend or previously attended.
- Completed form should be returned to the Admissions Office (scanned copy via email: [admissions@massart.edu](mailto:admissions@massart.edu))

**Please note, you cannot be issued a MassArt I-20 Form until this form is submitted *and* the SEVIS Transfer Release Date (see below) has passed.** You should arrive on campus no later than the program start date on your I-20 form and report in person to the MassArt International Student Advisor. Only at that point will your transfer to MassArt be completed and activated in SEVIS.

**\*\*\*If you need to travel overseas and plan to return to the United States after the SEVIS release date, you must be in possession of an I-20 issued by MassArt upon re-entry to the U.S.\*\*\***

In addition to submitting this completed form, please submit the following documents:

1. Current I-20
2. **All** previous I-20 (must include **BOTH** pages of all documents)
3. Most recent I-94 (this can be obtained here: <https://i94.cbp.dhs.gov/i94/#/home>)
4. Copy of passport
5. Copy of F-1 visa
6. Current F-1 visa stamp

### Part I: To be completed by the transferring student (print legibly or type)

Family (Last) Name: \_\_\_\_\_ Given (First) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your current U.S. address (required): \_\_\_\_\_

Will you be traveling outside the U.S. prior to your arrival at MassArt? \_\_\_\_\_ If yes, list dates: \_\_\_\_\_

Degree you will pursue at MassArt: \_\_\_\_\_ Program of Study at MassArt: \_\_\_\_\_  
(BFA, MFA, post-bac, etc) (First Year Studio Foundation, Photo, Painting, etc)

Please be advised that transferring your SEVIS record during a period of authorized Practical Training (OPT) will cancel your employment authorization as of the SEVIS release date.

Please read and sign the following statement: *"I give my permission for the requested information to be released to Massachusetts College of Art. I confirm that I have been accepted into the above described program of study."*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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**Part II: To be completed by the International Student Advisor (DSO) at your current/previous school/institution.**

The student has notified us of his/her intent to transfer to Massachusetts College of Art and Design. In accordance with current immigration regulations, we request you confirm her/his status at your institution and eligibility for transfer. Thank you for your assistance.

The student:  currently attends  last attended  never attended

Name of Student: \_\_\_\_\_

Name and Address of Institution: \_\_\_\_\_

\_\_\_\_\_

What is the student's current immigration status?  F-1  Other

Dates of student's attendance: \_\_\_\_\_

Date of completion or expected completion of study: \_\_\_\_\_

Has the student been authorized for Curricular Practical Training or Optional Practical Training?  Yes  No

If yes, please specify the dates authorized and whether the authorized periods were for CPT or OPT, part-time or full-time:

\_\_\_\_\_

To the best of your knowledge, is the student currently maintaining status under USCIS regulations?  Yes  No

The student *is eligible* to transfer  The student *is not eligible* to transfer. If not, please explain: \_\_\_\_\_

\_\_\_\_\_

**SEVIS ID #** \_\_\_\_\_ **SEVIS Transfer Release Date:** \_\_\_\_\_

To release the student's SEVIS record to MassArt choose "Massachusetts College of Art and Design" (school code **BOS214F00221000**). **Please do not complete or terminate the SEVIS record if the student is eligible to transfer.**

**International Student Advisor/DSO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name, Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**Please return completed form by email or fax to:**

Attn: Admissions Office

RE: Student Name

Telephone: 617 879 7222

Fax: 617-879-7250

Email: admissions@massart.edu