## I-20 Transfer Form



International Student • School of Visual Arts 340 East 24th Street, 1st Floor, New York, NY 10010-3994 p 212-592-2236 • f 212-592-2241 iso@sva.edu

## THIS FORM IS TO BE FILLED OUT ONLY BY STUDENTS WITH A VALID 1-20 FROM ANOTHER U.S INSTITUTION

Step 1: Complete Student Section below

Phone

	form and a copy of your S\ Int institution	VA acceptance letter to the	International Student Advisor (Desig	(nated School Official/DSO)	
Step 3: Upload the co	ompleted form to SVA's Te	erra Dotta student portal.			
STUDENT SECTION	I				
Student Name					
Date of Birth			SVA ID#		
How would you like to receive SVA's Transfer I-20?			Pickup in person	☐ By mail (via FedEx)	
Address where the I-2	O should be sent				
City	State	Country	postal code (required)	Phone for FedEx delivery	
I request to have my S	SEVIS record transferre	d to the School of Visual	Arts		
Signature			Date		
DESIGNATED SCHO	OOL OFFICIAL SECTION	N: PLEASE VERIFY THE	STUDENT'S CURRENT IMMIGRA	ATION STATUS AND	
PROCESS THE TRAI	NSFER TO SEVIS SCHO	OL CODE: NYC214F007	731000		
1. SEVIS ID					
The student is in good standing and has been maintaining a valid F-1 status.					
☐ The student is ou	The student is out of status. Reason:				
☐ Dates of OPT:					
2. Program end date		3. Date of last attendance at your school:			
4. Transfer-out release date in SEVIS:			5. DSO's name/institution:		

Email