



CENTRAL CONNECTICUT STATE UNIVERSITY  
 International Student and Scholar Services, CIE, HB123  
 1615 Stanley Street, New Britain, CT 06050  
 Tel: 860.832.2040 Fax: 860.832.2047  
[www.ccsu.edu/CIE](http://www.ccsu.edu/CIE)

**Transfer-In Form for  
 F-1 and J-1 Students**

F-1 and J-1 students transferring to Central Connecticut State University (CCSU) from another U.S. Institution must complete Section I of this form. The International Student Advisor at your current school must complete Section II and fax the form to the International Student and Scholar Services (ISSS) at 860.832.2047. Your Form I-20 or DS-2019 cannot be issued until your current school transfers your SEVIS record to CCSU. Upon your arrival at CCSU, report to the ISSS within 15 days of your program start date to complete the transfer process. If you fail to report within 15 days, your Form I-20 or DS-2019 will be cancelled.

**Section I: To be completed by the Applicant.**

Name: \_\_\_\_\_

Social Security# (if known): \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Permanent Residency: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (mm/dd/yyyy)

Current Immigration Status: \_\_\_\_\_

Expiration Date on I-94 card: \_\_\_\_\_

Expiration Date on Form I-20: \_\_\_\_\_

SEVIS ID# (listed on I-20): \_\_\_\_\_

Names and Visa Types of Accompanying Dependents: \_\_\_\_\_  
 \_\_\_\_\_

**BY SIGNING THIS FORM, I AUTHORIZE MY INTERNATIONAL STUDENT ADVISOR TO  
 PROVIDE THE INFORMATION REQUESTED IN SECTION II.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**With this form, please submit copies of your passport ID pages, latest visa, latest admission stamp, front and back of your I-94 card, any previous I-20s, and any other relevant immigration documents.**

**Section II: To be completed by International Student Advisor only.**

•Yes •No Is this student currently in status with Immigration and eligible to continue enrollment at your institution? If No, please explain:  
\_\_\_\_\_

Last date of attendance: \_\_\_\_\_

•Yes •No Has the student been authorized for practical training?  
If yes, please list the types and dates:  
\_\_\_\_\_

•Yes •No Does this student currently have adjudications in process with Immigration?  
If yes, please explain:  
\_\_\_\_\_

•Yes •No Was this student authorized for any part time study?  
If yes, please list the types and dates:  
\_\_\_\_\_

**SEVIS Release Date:** \_\_\_\_\_

**School Code:** \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM BY FAX TO:**

Toyin Ayeni at 860.832.2047

**OR, BY MAIL TO:**

Toyin Ayeni  
International Student & Scholar Services  
Central Connecticut State University  
Center for International Education, HB123  
1615 Stanley Street  
New Britain, CT 06050