

Carnegie Mellon University

Office of International Education

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

The following information is required for Carnegie Mellon University to issue an I-20 or DS-2019 if you currently hold an F-1 or J-1 student immigration status from a school in the United States.

[Carnegie Mellon](#) will issue your new SEVIS I-20 or DS-2019 on or shortly after the SEVIS release date set by your previous school **AND** after receiving the required documents per the instructions you received with your admission's offer.

The transfer process is not complete until you attend the mandatory international student orientation and immigration check-in with the Office of International Education (OIE). Upon receiving the SEVIS I-20/DS-2019, note the program start date listed on the document. **Failure to complete the orientation within 15 days of the program start date will result in loss of your legal immigration status.** If you cannot attend the scheduled [orientation](#), email [OIE](#).

Carnegie Mellon SEVIS school codes (please use the code for the CMU campus to which the student is admitted):

F-1: Pittsburgh (main) campus:	PHI214F10187000			
F-1: Silicon Valley campus:	PHI214F10187001		J-1	P-1-00292
F-1: MSCF New York campus:	PHI214F10187002			

To be completed by student

List Academic Department:	Current Immigration Status: F-1 or J-1	
Surname/Family Name:	Given/First Name:	
Date of Birth (mm/dd/yy):	Email Address:	
Do you plan to travel overseas before beginning your program at Carnegie Mellon University? (YES or NO):	If YES, "I plan to leave the U.S. on (mm/dd/yy):	AND "I plan to return to the U.S. on (mm/dd/yy):

Applicant's Signature: _____

Date: _____

To be completed by current school's International Office/Advisor (DSO or ARO)

STUDENT'S SEVIS ID:	RELEASE DATE:
Is the record currently active? YES NO	Student's most recent/last dates of enrollment at institution (mm/dd/yy -- mm/dd/yy):
To the best of your knowledge has the student maintained his/her nonimmigrant status? YES NO	If NO, please specify reason:
Has the student been authorized for a Medical Reduced Course Load in SEVIS? YES NO	If YES, for what dates?
Has the student been authorized for any Practical Training? Yes-CPT Yes-OPT Yes-AT N/A	If YES, at what program level and what dates?

DSO/ARO Signature: _____

DSO/ARO Printed: _____

Institution: _____

DSO/ARO Email & Phone: _____