

# Carnegie Mellon University

## Office of International Education

5000 Forbes Ave, Posner Hall 1st Floor, Pittsburgh, PA 15213

Phone: (412) 268-5231 • Email: [oiie@andrew.cmu.edu](mailto:oiie@andrew.cmu.edu) • Web: [www.cmu.edu/oiie](http://www.cmu.edu/oiie)

### 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 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 following items from you, **THE STUDENT** by mail (address listed above):

- Completed International Student Information Form
- Completed Affidavit of Support
- Supporting original documentation of financial support
- Copy of the picture page of your passport
- This completed Transfer-In-Form

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, call OIE at 412-268-5231.

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

<b>F-1: Pittsburgh (main) campus:</b>	<b>PHI214F10187000</b>		
F-1: Silicon Valley campus:	PHI214F10187001	<b>J-1:</b>	<b>P-1-00292</b>
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  NO

If YES, I plan to leave the U.S. on: \_\_\_\_\_ and return to the U.S. on: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>SEVIS ID:</b>	<b>RELEASE DATE:</b>
Is the record currently active?:	What was or will be the last date of enrollment or OPT/AT?:
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

If YES, at what program level and what dates? \_\_\_\_\_

DSO/ARO Signature: \_\_\_\_\_

DSO/ARO Printed: \_\_\_\_\_

Institution: \_\_\_\_\_

DSO/ARO Email & Phone: \_\_\_\_\_