



University of
Massachusetts
Medical School

Department of Human Resources
University of Massachusetts Medical School
333 South Street (South Street Campus)
Shrewsbury, MA 01545-2732 USA
508.856.5260 (option 3) fax 508.856.5922

Immigration Services Office

International Student Transfer-In Form

SECTION 1: To be Completed by the Student:

Newly admitted students transferring their F-1 or J-1 student visa status to the University of Massachusetts Medical School (UMMS) from a U.S. University/College/Language Program, Optional Practical Training or Academic Training should complete this section and then give this form to their international student advisor (A/RO, P/DSO) to complete Section 2:

Family Name: _____ Given (First) Name: _____

Date of Birth: _____ SEVIS ID: N _____ What is your visa status? ☐ F-1 ☐ J-1

Current U.S. Address: _____
MM/DD/YYYY

Preferred Email Address: _____ Expiration date of Certificate of Eligibility (I-20 or DS-2019): _____

Name & Address of the Institution Currently Sponsoring Your Visa Status: _____
MM/DD/YYYY

Degree Program at Current Institution (i.e. Masters in Biomedical Science): _____

Dates of attendance at institution currently sponsoring your visa status: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Are or were you enrolled full-time? ☐ Yes ☐ No

For F-1 visa holders, please indicate any periods of Optional Practical Training (OPT) or Curricular Practical Training (CPT) and if it was part or full-time (use the additional comments section of this form to list any additional periods of OPT/CPT):

Please check for OPT

<input type="checkbox"/> CPT	<input type="checkbox"/> OPT	_____ to _____	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> pre-completion	<input type="checkbox"/> post-completion
<input type="checkbox"/> CPT	<input type="checkbox"/> OPT	_____ to _____	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> pre-completion	<input type="checkbox"/> post-completion
<input type="checkbox"/> 17-month STEM extension OPT	EAD valid until: _____		<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> PhD	
		MM/DD/YYYY				

Additional Comments: _____

Will you travel outside of the U.S. prior to attending UMMS? ☐ Yes ☐ No

If yes, when will you depart, or when did you depart the U.S.? _____ What is your anticipated arrival date to the U.S.? _____
MM/DD/YYYY MM/DD/YYYY

What is the expiration date on your F-1/J-1 visa stamp (not applicable for Canadian citizens)? _____
MM/DD/YYYY

I hereby grant permission for the information provided on this form to be forwarded to UMMS.

Student's Signature _____

Date _____

SECTION 2: To Be Completed by the International Student Advisor (P/DSO or A/RO):

The student named above has notified us of his/her intent to transfer their SEVIS record to the University of Massachusetts Medical School (UMMS). In accordance with the Department of State and Department of Homeland Security regulations, we request that you confirm his/her status so that we may process a transfer in SEVIS. Please note that for F-1 SEVIS transfers, the School Code for UMMS is **BOS214F01395000**. The J-1 Program Number is **P-1-05967**. Thank you for your assistance.

To the best of your knowledge, is the student in status according to Immigration Regulations and eligible to transfer? ☐ Yes ☐ No

If no, please explain and provide information about any reinstatement applications that have been or will be filed prior to transfer: _____

SEVIS Transfer Release Date: _____
MM/DD/YYYY

Additional Information for J-1 Exchange Visitors*:

Specify J Category*: _____ Your Institution's Program Number: _____

List any periods of Academic Training: _____ to _____ to _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

* A/ROs please contact the Immigration Services Office by phone at 508-856-5260 (option 3) to coordinate SEVIS transfer for J-1 students.

** Only J-1 visa holders in the "Student - Bachelors, Masters, or Doctorate" categories may transfer their SEVIS program to a UMMS graduate program.

Signature of P/DSO or A/RO: _____ Date: _____ Phone Number: _____

Name and Title (Please Print): _____ Email: _____

Please email completed form to ImmigrationServices@umassmed.edu. Please contact the Immigration Services Office with any questions.