



Graduate Admissions
 University of Massachusetts Boston
 100 Morrissey Boulevard
 Boston, Massachusetts 02125-3393
 617-287-6400, Fax 617-287-6236

INTERNATIONAL STUDENT

**FORM I-20 TRANSFER VERIFICATION
 GRADUATE ADMISSION**

COMPLETED BY STUDENT Complete the information in this section and then present the form to the International Student Advisor at the institution you are currently attending or have most recently attended.

Name: _____ Date of birth: _____
Family/Last Given/First Middle mm/dd/yyyy

Street: _____ Country of birth: _____

City, state, ZIP: _____ Citizenship: _____

Phone: _____ E-mail: _____

I, _____, hereby authorize the information requested below
Student's name printed to be forwarded to UMass Boston.

Student's signature: _____ Date: _____

COMPLETED BY INTERNATIONAL STUDENT OFFICE The student noted above wishes to transfer to UMass Boston. Please complete the information requested below and mail or fax to:

Graduate Admissions
 University of Massachusetts Boston
 100 Morrissey Boulevard
 Boston, MA 02125
 Fax: 617-287-6236

SEVIS ID#: _____

Transfer release date: _____

Notation and date on I-94 card: _____

Date of initial enrollment at your institution: _____

Date of graduation or termination of study: _____

To the best of your knowledge, did the student maintain legal non-immigrant status? Yes No

If no, please explain: _____

Has the student met all financial obligations? Yes No

Would the student be eligible to continue at your institution? Yes No

If no, please explain: _____

If the student has used any periods of practical training please provide information below.

Institution: _____

Address: _____

Telephone: _____

CPT or OPT	Start Date	End Date	Full or Part Time

DSO printed name: _____ DSO title: _____

DSO signature: _____ Date: _____