



Carnegie Mellon University  
 5000 Forbes Avenue  
 Warner Hall, Third Floor  
 Pittsburgh, PA 15213  
 Tel: 412.268.5231  
 Fax: 412.268.7832

www.cmu.edu/oie  
 Students & Scholars: oie@andrew.cmu.edu  
 Study Abroad: goabroad@andrew.cmu.edu

**CARNEGIE MELLON UNIVERSITY TRANSFER IN FORM**

**TO THE APPLICANT:** If you will come to Carnegie Mellon from another school in the US, Carnegie Mellon needs the information on this form to issue your SEVIS I-20 or DS-2019. Please complete Section A of this form and request the Foreign Student Advisor at your current school or the most recently attended school to complete Section B.

Carnegie Mellon will issue your new SEVIS I-20 or DS-2019 once the SEVIS release date from your previous school has been reached AND we receive:

- Completed International Student Information Form
- Completed Affidavit of Support and supporting original documentation of financial support
- Completed Transfer In Form

The transfer process is not complete until you attend an international 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 transfer 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.

**Section A:** To be completed by student.

Applicant's Name: \_\_\_\_\_  
Last (Family) First Middle

Email Address: \_\_\_\_\_

Present U.S. School: \_\_\_\_\_

Academic department to which you have been admitted: \_\_\_\_\_

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

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

**Section B:** To be completed by current school's Foreign Student Advisor. **F-1: PHI214F10187000 J-1: P-1-00292**

SEVIS ID: \_\_\_\_\_ RELEASE DATE: \_\_\_\_\_

To the best of your knowledge has the student maintained his/her nonimmigrant status?  
 Yes  No If no, please specify reason: \_\_\_\_\_

Previous periods of OPT/CPT/AT: \_\_\_\_\_

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

DSO Name Printed: \_\_\_\_\_

Name of college, university or school: \_\_\_\_\_

DSO Email: \_\_\_\_\_ DSO Phone: \_\_\_\_\_