



F-1 Student Transfer/Release Form

International students transferring from a U.S. college or university to Weill Cornell Medicine must submit this form to verify your legal eligibility to transfer. Your I-20 **CANNOT** be finalized until you complete and submit this form in addition to the “**I-20 Application**” form to the school DSO at the address or email included at the bottom of this form.

Instructions:

- Student must complete “Section A” of this form
- Contact the international student advisor at your current school to complete “Section B” of this form “**Cornell University Weill Graduate School of Medical Sciences**” (SEVIS School Code – **NYC214F01437000**)

SECTION A: TO BE COMPLETED BY STUDENT

Surname:

Given Name:

Middle Name:

Birthdate (MM/DD/YYYY):

Email:

Term of Admission at WCM:

Education Level at WCM: ☐ PhD ☐ MD ☐ Master's

Do you plan to travel outside of U.S. before beginning your program? ☐ Yes ☐ No

☐ By checking this box, I authorize my current institution to provide the information requested below to Weill Cornell Medicine.

Student's Signature

Date

SECTION B: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

☐ To the best of my knowledge, this student is in valid F-1 status and is eligible for transfer.

- Has the student been authorized for a reduced course load in SEVIS? ☐ No ☐ Yes; ☐ Academic ☐ Medical
- Has the student been authorized for practical training? ☐ No ☐ Yes; ☐ CPT ☐ OPT

CPT/OPT Start - End Dates:

- What is the student's last date of enrollment at your school?
- This student is out of status and requires a ☐ Reinstatement **OR** a ☐ Reinstatement application was file on _____ and is pending with USCIS. (Please submit a copy of documents)
- Other: _____

Student's SEVIS ID#:

Transfer Release Date:

Transfer the student's record to: **SEVIS School Code – NYC214F01437000**

Name, Title DSO:

Phone:

Email:

Name & Location of School:

Signature

Date