



This form is required of all international students admitted full-time to Northeastern University (NU) OR in a period of Academic Training (AT), and who are currently enrolled at another U.S. school/college/university and are in J-1 status.

**Important: Your Certificate of Eligibility (DS-2019) from NU cannot be issues until this form is completed AND the transfer release date has passed. Northeastern J-1 program number: P-1-03057**

**Part I** to be completed by the **STUDENT** requesting a transfer of his/her SEVIS record to Northeastern

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last/Family name) (First/Given name) (mm/dd/yyyy)

Email address: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_

Initial Degree Level of Your J-1 Student Program:  Undergrad  Master's  Doctorate  Other

Initial Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial Program of Study: \_\_\_\_\_

Admitted to Northeastern University at which campus:  Boston  Seattle  Charlotte  Silicon Valley

Start date of the program that you intend to enroll at Northeastern University: \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree Sought: \_\_\_\_\_ Program of study: \_\_\_\_\_

Do you have J-2 dependents?:  Yes  No Are your J-2 dependents in the United States now?:  Yes  No

By signing this form, *I confirm that I have been accepted into the above described program of study and that I will acquire health insurance, compliant with all of the U.S. Department of State federal regulation requirements, for myself, and for any accompanying dependent(s), throughout the entire duration of my J-1 program. I authorize my current visa sponsor to complete Part II of this form and release my SEVIS record to Northeastern University.*

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II** To be completed by the **International Student Advisor (RO/ARO)** at current/previous school/college

Name of your Institution: \_\_\_\_\_ J-1 Program Number \_\_\_\_\_

What was the date/will be the last date of enrollment at your school? \_\_\_\_\_  Never attended

J-1 Category: \_\_\_\_\_ Initial Start Date of Program at your Institution: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the student been authorized for AT?  Yes, list any periods of AT: \_\_\_\_\_  No

To the best of your knowledge, is the student in status and eligible to transfer to Northeastern?  Yes  No

If no, please explain: \_\_\_\_\_

**SEVIS record Release Date\*** (please specify a date): \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Please do NOT terminate the SEVIS record if the student is eligible to transfer.

RO/ARO Name and Title \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact info: \_\_\_\_\_

**Once this form is complete, please return it to the student. The student will need to submit this form along with other documents to Northeastern.**