



**Transfer-In Notification Form - American Classroom**

American Classroom, Northeastern University, 10 Belvidere, Boston, MA 02115

Please complete **Section I** of this form and have **Section II** completed by the International Student Advisor at the school you currently attend or have previously attended.

**I – PERSONAL INFORMATION AND STUDENT SIGNATURE**

*To be completed by the applicant*

Name \_\_\_\_\_  
Last or Family First or Given

Address \_\_\_\_\_  
Street City State ZIP

Intended Start Date at Northeastern \_\_\_\_\_  
Month/Day/Year

**“I give permission for any personal and academic information to be released to Northeastern University.”**

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

**Are you traveling (either in the US or outside of the US) BEFORE joining to Northeastern program?**

Yes from: \_\_\_\_\_ to \_\_\_\_\_  No  
Month/Day/Year Month/Day/Year

**II – TRANSFER OUT INSTITUTION**

*To be completed by the International Student Advisor at the student’s current/previous institution/college*

The above-named student has been admitted to Northeastern University. In accordance with pertinent immigration regulations, we request that you confirm his/her status at your institution so that we may process a SEVIS transfer.

The above-named student:  currently attends  last attended  never attended

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address of Institution

from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

The above-named student intends to enroll at and transfer F-1 immigration status to Northeastern University beginning:

\_\_\_\_\_.  The student *is* eligible for transfer.  The student is *not* eligible for transfer.  
Month/Day/Year

**SEVIS ID Number** \_\_\_\_\_ **SEVIS Transfer Release Date** \_\_\_\_\_

► Please release student’s record to Northeastern University in SEVIS by choosing “**Northeastern University-Northeastern University**” in the pull-down list on the **SEVIS RTI**.

Comments: \_\_\_\_\_ (Please use back of form if needed).

\_\_\_\_\_  
International Student Advisor Signature Telephone Number E-mail

\_\_\_\_\_  
International Student Advisor Name (printed) Fax Number Date

Please return this form by fax or mail to: **American Classroom, Northeastern University, 10 Belvidere, Boston, MA 02115; 617-373-6541 (phone), 617-373-8929 (fax).**

