



Dear incoming student:

Our records indicate that you are currently in the US in F-1 or J-1 immigration status at another institution.

You must ask an international student advisor at your current institution to complete the form below and return it to us as soon as possible. Once you arrive at MIT, make an appointment with one of the international student advisors. Make sure to bring all your visa documents (passport, I-20 or DS-2019, I-94, etc.) to the appointment. The advisor will then endorse your I-20 or DS-2019 and notify USCIS that you are now a student at MIT. **This notification process is required in order for you to maintain your F-1 or J-1 immigration status. Failure to complete the process will put you out of status.** Please feel free to contact the International Students Office directly should you have any questions or concerns about this process.

**SECTION I – TO BE COMPLETED BY STUDENT**

Name of Student: \_\_\_\_\_  
Last Name First Name Middle  
Date of Birth: \_\_\_\_\_ MIT ID #: \_\_\_\_\_  
(mm/dd/yyyy)  
Semester that you are enrolling at MIT: Fall/Spring \_\_\_\_\_ Department: \_\_\_\_\_  
(circle one) (year)  
Degree level for which you are applying: \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Ph.D. (check one)

I intend to enroll at the Massachusetts Institute of Technology (MIT) during the semester stated above. I hereby grant permission to transfer my electronic immigration record to MIT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II – TO BE COMPLETED BY INTERNATIONAL OFFICE at current school**

Institution Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
Student's SEVIS ID #: \_\_\_\_\_ Intended transfer release date: \_\_\_\_\_  
Provide any dates student was approved for CPT/OPT or Academic Training:  
From \_\_\_\_\_ To \_\_\_\_\_ full time or part time? (please circle)  
Does the student have any dependents? If so, how many? \_\_\_\_\_  
Additional Comments: \_\_\_\_\_

For reference, MIT's J Program Number & F School Information is below:

J Program Number: P-1-00039 School Name & Code: Massachusetts Institute of Technology, BOS214F00219000

I certify that the student named above has been/has not been (please circle one) pursuing a full course of study at our institution during the semester immediately preceding this intended transfer (or during the last semester preceding the annual vacation). I further certify that to the best of my knowledge the above named student has maintained his/her legal status.

Signature \_\_\_\_\_  
Name and title (please print) \_\_\_\_\_  
Email \_\_\_\_\_

Date \_\_\_\_\_  
School Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

Please return/fax this form to the address above along with a photocopy of the student's most recent I-20 or DS-2019 and I-94 card.