



Request for Transfer in Terminated Status

PLEASE NOTE: This form must be completed BEFORE your record can be transferred in SEVIS. Forms that are not signed and not accompanied by an acceptance letter will not be accepted.

First Name: _____ Last Name: _____
CCID: _____ Email address: _____

SECTION I: Reason for requesting Reinstatement.

My record was terminated on ___/___/_____ for _____ (reason). I understand that I am eligible to request Reinstatement but that approval of my Reinstatement application is not guaranteed. I understand that, if I am denied Reinstatement, I must depart the United States within 15 days.

SECTION II: Student responsibilities while pursuing Reinstatement.

Pursuant to 8 C.F.R. § 214.2(f)(16)(c), I understand that I am permitted to study full-time at the college/university which holds my SEVIS record while my Reinstatement application is pending review. I understand that, while my application is pending review, I am not permitted to engage in employment at any time. I understand that failure to enroll in a full course of study in a required term, transfer to another institution, or departure from the United States for any length of time constitutes abandonment of the Reinstatement petition.

I have been advised of these responsibilities and restrictions and understand that it is my responsibility to abide by them while my application for Reinstatement is pending.

Signature

Date

SECTION III: Transfer-In College/University Approval.

The above-named student has been accepted to one of the programs offered at _____
(institution name)
and has been provided with an official letter of acceptance. We understand that s/he is currently out of status and would like to apply for Reinstatement through our institution. We authorize Cambridge College to release this student's record to us in Terminated/Completed status. The release date should be set no later than ___/___/_____.

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Email address: _____ Telephone: _____

SECTION IV: International Student Office approval.

Acceptance letter received on: ___/___/_____ Record released on: ___/___/_____ P/DSO initials: _____

NOTE: This form must be completed BEFORE the student record can be released. Forms that are not signed will not be accepted.