Office of Graduate Admissions 1 Washington Park, 6th Floor • Newark • New Jersey 07102-3122 Fax: (973) 353-1592 Tel: (973)353-1234

F-1 and J-1 MITA - International Student Advisor's Report

All ADMITTED students who have attended another U.S. school in F-1 or J-1 status before starting at Rutgers University must submit this form.

Student's Name (Last, First):	Rutgers ID:		
U.S. Address:			
E-mail address:	Semester to begin at Rutgers:		
To the student: Please sign this form and ask the International Student Adviser (ISA) at the U.S. school you currently attend or most recently attended to complete and submit it to Rutgers Business School. Note: F-1 regulations state that work authorization for "OPT" or "Severe Economic Hardship" is automatically terminated after a SEVIS record is transferred from one school to another. If you plan to continue working until the ending date on your EAD, please consult your current ISA in your previous school who maintains your SEVIS record.			
		I grant permission for the information requested below to be submitted to Rutgers University.	
Student signature:	Date:		
To International Student Adviser: The student named above is requesting his/her SEVIS record to be transferred to Rutgers-Newark. If the student is in F-1 status, please transfer his/her ACTIVE (no "terminated" or "completed" record, please) SEVIS record to Rutgers-Newark School Code: NEW214F00147003 when appropriate; if in J-1 status, please complete and send this form. Rutgers will contact you for J-1 transfer if appropriate. After completing this form, please fax to (973) 353-1592, or email to tchan@business.rutgers.edu.			
1. Is this student in F-1 or J-1 status?	Student's SEVIS ID#:		
2. Anticipated date of graduation/completion of study: 3. Your institution's SEVIS transfer release date for this student: 4. Is this student eligible to continue at your institution? (If not, please explain.) 5. To the best of your knowledge, is this student maintaining his/her legal status? 6. Expiration date of student's current Form I-20/DS-2019:			
		7. Please list any previous periods of F-1 Practical Training (Optional or Curricular) or J-1 Academic Training.	
		Adviser's Name:	Title:
		Institution Name & Address:	
		Telephone: Fax:	E-mail:
Signature	Date		
Thank you!			