

## Harrisburg University of Science and Technology

### SEVIS Transfer I-20 Request

Complete this form only if: 1) you are transferring from another institution in the U.S.; 2) you have received an admission letter from Harrisburg University of Science and Technology; and 3) you want a Form I-20 from Harrisburg University. You are eligible for transfer to another school through the end of the 60-day grace period after your "**completion date**" (the date you complete a course of study or OPT). Within that 60-day grace period, your current International Student Adviser may update your SEVIS record as a "**transfer-out**" and assign a "**release date**." The start date at the "**transfer-in**" school (Harrisburg University) must be within 5 months following either the release date or the completion date (whichever is earlier).

**Data for Form I-20: Student completes first section.**

Name Jurkovic Iva \_\_\_\_\_  
(Family/surname as it appears in passport) (First/given) (Middle)

Foreign permanent address

Laniste 16, 10000 Zagreb, Croatia

Birth date (mm/dd/yyyy) 07/25/1985 City and country of birth Zagreb, Croatia

Country of citizenship Croatia Country of permanent residence Croatia

Will you leave the U.S. before enrolling in Harrisburg University? ☐ Yes ☒ No If yes, will you need to go to the U.S. Embassy to apply for a new visa? ☐ Yes ☐ No (Usually necessary only if your current F-1 visa has expired or if you are changing status from another visa type to F-1.) If the latter, what is your current visa type? \_\_\_\_\_

1. Please mail my transfer I-20 to the following address after my "release date:"

Mailing address 20 Newport Parkway, Apt 1710, Jersey City, NJ 07310

Telephone 312-929-9137 Current E-mail iva.jurkovic@outlook.com

2. I will not be traveling abroad. I will pick up my I-20 in Rm. 1429 HU Academic Center when I arrive on campus: ☒ Yes ☐ No

**International Student Adviser Section: Take this to your current ISA to complete.**

Harrisburg University of Science and Technology SEVIS School Code is: **PHI214F02099000**

Please confirm that you have seen proof of this student's admission to Harrisburg University before initiating SEVIS transfer: ☐ Yes

Student's release date? \_\_\_\_\_ SEVIS ID# \_\_\_\_\_

International student adviser's name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of school \_\_\_\_\_

**Return this form to:**

Office of Admissions  
326 Market Street  
Harrisburg University of Science and Technology  
Harrisburg, PA 17101-2208  
Fax: (717) 901-3187; E-mail: admissions@harrisburgu.edu