**Please be sure to release the student’s record to the appropriate campus as indicated in Section One**

<table>
<thead>
<tr>
<th>Regional Campus</th>
<th>School Code</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutgers-New Brunswick Undergraduate</td>
<td>NEW214F00147002</td>
<td><a href="mailto:RUinternational@admissions.rutgers.edu">RUinternational@admissions.rutgers.edu</a></td>
</tr>
<tr>
<td>Rutgers-Newark</td>
<td>NEW214F00147003</td>
<td><a href="mailto:Newark@admissions.rutgers.edu">Newark@admissions.rutgers.edu</a></td>
</tr>
<tr>
<td>Rutgers-Camden</td>
<td>NEW214F00147004</td>
<td><a href="mailto:ois@camden.rutgers.edu">ois@camden.rutgers.edu</a></td>
</tr>
</tbody>
</table>

Section Two:
To the International Student Adviser/DSO: Before completing this form, please confirm with the student that he or she has officially accepted the offer of admission from Rutgers University. After completing this form, please (1) fax or email this form to the appropriate regional Rutgers University campus listed above (based on the student’s campus of admission); and (2) release the student’s SEVIS record to that same regional campus.

1. Student’s SEVIS ID#: __________________________
2. Anticipated date of graduation/termination of study: ______________

3. Your school’s SEVIS release-for-transfer date for this student: ____________

4. Expiration date of student’s current I-20: ________________

5. Is this student eligible to continue at your institution? (If not, please explain.): __________________________________________

6. To the best of your knowledge, is the student maintaining full-time status? □ YES   □ NO

Note: If “NO” please do NOT release this student’s record in SEVIS, but instead please advise us by emailing the appropriate regional Rutgers University representative listed below.

7. Please list and specify any previous periods of F-1 Practical Training (Optional or Curricular) or J-1 Academic Training:

__________________________________________________________________________________________________________________________________________

DSO’s Name: ___________________________________________ Title: ___________________________________________
Institution Name and Address: ___________________________________________
Telephone: __________________________ Email: __________________________
Signature: __________________________ Date: __________________________