Request for F-1 Transfer and SEVIS Release to the College of Saint Elizabeth

PART I: To be completed by the student

I intend to transfer to the College of Saint Elizabeth in the (Fall/Spring) semester of 20__.

Name (printed): ____________________________________________

(Family/Last) (Given/First) (Middle)

SEVIS ID Number: ____________________________________________
(The number that starts with “N”, followed by 10 digits, found at the top right corner of your form I-20)

Transfer Release Date (from current school): ____________________________

Program Begins (at College of Saint Elizabeth): ____________________________

I give permission for my current school to release the information requested on this form to the College of Saint Elizabeth.

Signature ____________________________________________

Month      Date      Year

PART II: To be completed by the designated school official

Please complete the information requested below and mail/fax this form to the address below.

Student’s Name: ___________________________ SEVIS ID Number: ___________________________

☐ To my knowledge, the above student is currently in lawful F-1 status according to U.S. Immigration regulations.

☐ The above student was in lawful F-1 status according to U.S. Immigration regulations when last enrolled here. This was ______________. (Please list date or semester of last attendance.)

☐ The above student is not in lawful F-1 status according to U.S. Immigration regulations and according to my records for the following reason: ____________________________________________

(Please enclose any information available that would be helpful in a reinstatement application.)

The student has been authorized for the following Practical Training benefits:

☐ No Practical Training has been authorized for the student.

☐ Optional Full-time: ______ months ______ days Part-time: ______ months ______ days

☐ Curricular Full-time: ______ months ______ days Part-time: ______ months ______ days

__________________________________________

Signature of designated school official

Month      Date      Year

Name (printed) Phone

Title and School