



## **SCHOOL TRANSFER FOR F-1 STUDENTS**

### **SECTION 1: THIS SECTION TO BE COMPLETED BY TRANSFERRING STUDENT (Please PRINT clearly)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I-94 Number: \_\_\_\_\_ US Social Security #: \_\_\_\_\_

Date of initial entry to US: \_\_\_\_\_ Date your most recent visa was issued: \_\_\_\_\_

If you change your status to F-1 while in the United States, please indicate the date your F-1 status was approved: \_\_\_\_\_ ("N/A" if this does not apply to you)

Address in your home country: \_\_\_\_\_

Proposed date of enrollment at CBT (month/year): \_\_\_\_\_

***By signing below, I authorize the International Student Advisor at my previous school to release the requested information to the College of Business and Technology (CBT) in order to facilitate my transfer.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION 2: THIS SECTION TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR CURRENT SCHOOL**

The student named above has notified us of his/her intent to transfer to College of Business and Technology. Please complete the following and return to the CBT Admission Office indicated above. Please also include a photocopy of the student's I-20 issued by your institution. Thank you for your assistance in this matter!

1. Dates of attendance: From \_\_\_\_\_ To \_\_\_\_\_

2. Program Completion date on I-20 \_\_\_\_\_

3. Is the student in good standing with BCIS and eligible for F-1 transfer? [ ] Yes [ ] No

If No, please explain \_\_\_\_\_

4. Please list all beginning and ending date of practical training issued prior to this transfer:

CPT (please indicate if full-time or part-time): \_\_\_\_\_ OPT: \_\_\_\_\_

5. Has this student met all financial obligations at your school? [ ] Yes [ ] No

If No, please explain \_\_\_\_\_

6. Date of transfer release in SEVIS: \_\_\_\_\_

7. Student's SEVIS ID #: \_\_\_\_\_

8. Additional remarks: \_\_\_\_\_

**Name and Title of Designated School Official** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Institution Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_