



## F-1 Student Transfer Form

(for students currently studying in the United States)

### PERSONAL INFORMATION (This section is to be completed by the student.)

Student Name (print) \_\_\_\_\_ Today's Date \_\_\_\_\_

Local Address \_\_\_\_\_

Local Telephone \_\_\_\_\_ Email \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Hofstra ID # \_\_\_\_\_ Level of Education at Hofstra:  Undergraduate  
 Graduate

#### INFORMATION RELEASE:

I intend to transfer to Hofstra University (SEVIS # **NYC214F00128000**) for the \_\_\_\_\_ semester.

I give permission for the information requested below to be completed and released to Hofstra University.

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

### IMMIGRATION INFORMATION (This section is to be completed by the designated school official.) (Do not transfer students in Terminated or Completed status.)

1. What is the last date the student attended your institution? \_\_\_\_\_ (mm/dd/yy)

2. To the best of your knowledge, has the student acted in accordance with DHS regulations and is the student eligible for transfer under F-1 regulations?  Yes  No

3. If no, explain why the student is not in F-1 status.  
\_\_\_\_\_  
\_\_\_\_\_

4. Was the student ever authorized to pursue a reduced course load?  Yes  No

5. Please cite any periods of practical training: a. Curricular: \_\_\_\_\_ Months b. Optional: \_\_\_\_\_ Months c. N/A: \_\_\_\_\_

6. Student's SEVIS ID Number \_\_\_\_\_ Student's Transfer Release Date \_\_\_\_\_

Institution Name \_\_\_\_\_

SEVIS School Code \_\_\_\_\_

Address \_\_\_\_\_

DSO Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature of DSO \_\_\_\_\_ Date \_\_\_\_\_