



**INTERNATIONAL STUDENT TRANSFER IN FORM**

Return to: Laryssa Petryshyn  
International Student Office  
320 Porter Ave.  
Buffalo, NY 14201  
Phone #: 716-829-8119  
Fax #: 716-829-7691

**INSTRUCTIONS TO APPLICANT:** Please complete all of the following items before submitting to the Designated School Official or Responsible Officer at your current school.

Name of applicant: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Family Name) (First Name) (m/d/yr)

In accordance with the provisions of the Family Educational and Privacy Act of 1974, P. L 93-380 with specific reference to Section 438 (a)(1)(B) and Subtitle A, sections 99.11 and 99.12,

I  Do  Do not waive my right of access to, and review of, this document I am requesting.

I hereby authorize the Designated School Official to release the following information:

\_\_\_\_\_  
Student Signature

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ TO THE DESIGNATED SCHOOL OFFICIAL: The student named above is applying to D'Youville College. Before we issue a Certificate of Eligibility SEVIS form I-20 or DS-2019 we require the following information be on file in our office. We would very much appreciate your answers to the following questions. Please return or fax the report to the address above.

1. What is the current immigration status of the applicant? \_\_\_\_\_

2. Is your school the last school the student was last authorized to attend? Yes \_\_\_ No \_\_\_

3. If F-1, please complete below:

a. What is the date of completion on the student's latest I-20 to your school? \_\_\_\_\_

b. Has the student used any practical training? CPT \_\_\_\_\_ (mths) OPT \_\_\_\_\_

c. Is the student engaged in optional practical training before/after completion of studies?

Yes \_\_\_ No \_\_\_

If yes, please indicate the exact date \_\_\_\_\_

4. Has the student maintained full-time studies as defined by the regulations, including any certifications granted by you under 8 CFR 214.2(f)(6)(iii)? Yes\_\_ No\_\_

5. The term in which the student was last enrolled was the \_\_\_\_\_ semester of 19/20 \_\_\_\_\_

6. On what date did the applicant first arrive in the U.S? \_\_\_\_\_

7a. What is the student's SEVIS release date? \_\_\_\_\_ Student SEVIS ID \_\_\_\_\_

7b. How is your school listed in SEVIS? \_\_\_\_\_

8. Could the applicant continue to study at your institution? Yes \_\_ No \_\_

If not, why \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Date Print name of Designated School Official

\_\_\_\_\_  
Signature of Designated School Official

\_\_\_\_\_  
Name and Address of Institution Telephone number