

D'YOUVILLE

INTERNATIONAL STUDENT TRANSFER IN FORM

Return to: Sarah Cockcroft
Center for Global Engagement
320 Porter Ave.
Buffalo, NY 14201
Phone #: 716-829-7874

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