



F-1 Student Transfer Recommendation

Name _____ Country of Citizenship _____
Last _____ First _____
Address _____

Telephone and e-mail address: _____

I intend to transfer to St. Francis College for the _____ semester. I hereby grant permission for the information requested below to be made available to St. Francis College.

Signature _____ Date _____

Please submit copies of all previous Forms I-20 along with your passport identification page and F-1 visa

TO BE COMPLETED BY CURRENT INTERNATIONAL STUDENT ADVISOR:

The above student intends to transfer to St. Francis College (NYC214F00243000). Please use the period after "St." when searching for St. Francis College in SEVIS. Please answer the questions below and fax or email to:

Chad Lectura, Assistant Director of Admissions
CLectura@SFC.edu
St. Francis College, 180 Remsen Street, Brooklyn Heights, NY 11201
Fax (718) 802-0453

Student's USCIS SEVIS Number: _____

Student is currently enrolled full-time, in good standing, and is eligible for transfer.

Student is not currently enrolled. Enrollment period was _____.

Student is out of status and applied for reinstatement on _____.

Student has been approved for CPT, OPT, or off-campus employment.

Please attach appropriate documentation.

Name and Title of P/DSO: _____

Name of Institution: _____ E-mail: _____

Address: _____

Signature: _____ Date: _____ Telephone: _____

SEVIS Transfer Release Date: _____