

F-1 STUDENT TRANSFER RECOMMENDATION FORM

Please mail this form to your previous U.S. College
TO BE COMPLETED BY STUDENT:

Last Name, First Name _____

Date of Birth ____/____/____ ID# _____

I intend to transfer to The City College of New York for the _____ semester. I hereby grant permission for the information requested below to be made available to The City College of New York/CUNY.

Student's Signature _____ Date ____/____/____

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL:

The above-named student intends to transfer to The City College for the semester stated above. Please answer all questions based on the term immediately preceding the transfer or last semester preceding a vacation or authorized practical training.

1. Was the student pursuing a full-time course of study? _____ Yes _____ No

Comments _____

2. Is this student currently authorized to attend your institution by USCIS or BCBP? _____ Yes _____ No

Comments _____

3. What is the student's completion date? ____/____/____

4. Student's SEVIS ID: _____

5. Student's SEVIS Foreign Address _____

6. What is the student's transfer release date as entered in SEVIS? _____ / _____ / _____

7. Please list any periods of practical training? Curricula _____ months Optional _____ months

8. Do you recommend the † NOTIFICATION OR † RE-INSTATEMENT procedure? (CHECK ONE)

If re-instatement, please explain _____

NOTE: THE CITY COLLEGE IS LISTED IN SEVIS AS:

THE CITY UNIVERSITY OF NEW YORK: THE CITY COLLEGE, SEVIS SCHOOL CODE NYC 214F00812005

Official's Name _____ Title _____

Institution _____ Telephone # _____ Address _____

Signature _____ Date _____

THE CITY COLLEGE OF NEW YORK
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