

## OFFICE FOR INTERNATIONAL SERVICES

## F-1 TRANSFER RECOMMENDATION FORM

## **SECTION 1: TO BE COMPLETED BY STUDENT**

Last Name, First Name
Date of Birth:/ Fordham ID#
I intend to transfer to Fordham University for thesemester. I hereby grant permission for the information requested below to be made available to Fordham University.
I will be leaving the U.S. before beginning my studies at Fordham and will directly return to the U.S. with Fordham's I-20 (Please Circle): YES NO  If Yes, when will you be leaving the U.S? Coming back?
I have been admitted to Fordham University (please circle): YES NO (If no, do not send in this form).
Student's Signature:DateDate
SECTION 2: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (Not Fordham)  The above-named student intends to transfer to Fordham University 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 this student considered to be pursuing a full-time course of study? YES NO
Comments:
2. Is this student currently authorized to attend your institution by CIS or CBP? YES NO
Comments:
<ol> <li>Student SEVIS ID:</li></ol>
5. What is the student's transfer release date entered in SEVIS?/
Please cite any periods of practical training? Curricularmonths
7. Are you releasing this record in Active Status? YES NO
If no, please explain
Official's Name (Printed):Title:
Institution:Email Address:
Address:Telephone:
Official's Signature:Date:

Please email this form and a copy of the student's SEVIS I-20 to ois@fordham.edu. Or, you could mail or fax to:

**Rose Hill Campus:** NYC214F00708000 (for Fordham College at RH, Gabelli School of Business, Grad School of Arts and Sciences, Grad School of Religion) Fordham University, Office for International Services, Bldg 540, 441 E. Fordham Road, Bronx NY 10458

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