

F-1 STUDENT TRANSFER RELEASE FORM

Instructions to the student: In order to complete the transfer of your F-1 status from your current school to New York University, we need immigration information from your current school. Complete Section A of this form. Your International Student Advisor at your current school must fill out Section B. Then submit the completed transfer form with your I-20/DS-2019 Application to the OGS. You must complete the transfer process within 15 days of beginning classes at New York University. If you are on post completion OPT, your post OPT employment ends on the date your SEVIS records is released as noted on the form below.

(A) To be completed by the student	
Family Name:	First Name
Date of birth [month/day/year]//	NYU ID #
I intend to transfer to [check one] - New York University, Washington Square (School Code: NYC214F00169000)	NYU Polytechnic School of Engineering (School Code: NYC214F00207000)
and I will send my form to newinternationalstudents@n	yu.edu and I will send my form to ogs.brooklyn@nyu.edu
for the [circle one] Fall/Spring/Summer (year) below to be made available to New York Universi	semester. I hereby grant permission for the information requested ty.
Signature	Date
(B) To be completed by the foreign student ad	visor at your previous school.
questions based on the terms immediately preced	lew York University for the semester stated. Please answer all ling the transfer or the last semester preceding a vacation or period ecord is in complete or terminated status, please contact the
(1) Is the student currently authorized to atte	nd your institution?YES NO
(2) Student's SEVIS ID #	Release Date
	Washington Square Campus students to "New versity, School Code: NYC214F00169000".
Release SEVIS records for NYU Code: NYC214F00207000".	Polytechnic School of Engineering to "School
(3) Is the student considered to be pursuing institution? If no, please explain in comm	a full-time course of study for each semester of attendance at your nents belowYESNO
(4) What is the last date of attendance at you	ur institution?
(5) Please list any periods of Practical Traini	ng and whether it was full time or part time:
Curricular	Optional
Additional Comments:	
 Name	Title
Institution	
Address	
Signature	
OGS WASHINGTON SQUARE	