F-1 STUDENT ELIGIBILITY TO TRANSFER REPORT

TO BE COMPLETED BY STUDENT:

NAME: ____________________________ (please print) SEVIS ID#: ____________________________

I intend to transfer to the Intensive English Center (IEC) at the Stony Brook University for the ____________________ semester. I hereby grant permission for the information requested below to be made available to the IEC.

SIGNATURE: ____________________________ DATE: ____________________________

TO BE COMPLETED BY THE FOREIGN STUDENT ADVISOR:

The student named above is applying for admission to the Intensive English Center at Stony Brook University. This information is requested to help us determine the student’s eligibility to transfer. We are not asking for the student to be transferred out at this point. We would appreciate your answering the following questions and returning the report to the address above.

1. How long has the applicant been at your institution? ____________________________

2. Was the applicant pursuing a full course of study? □ Yes □ No

3. Has the applicant met all financial obligations at your institution? □ Yes □ No

4. Is the applicant eligible to continue at your institution? □ Yes □ No

If no, please explain: ____________________________

5. Applicant’s last date of attendance at your school: ____________________________

6. Anticipated transfer release date in SEVIS: ____________________________

*Please notify our office if applicant’s status in SEVIS is “Terminated.” DO NOT transfer out.

SEVIS RELEASE INFORMATION

School Name: State University of New York at Stony Brook Code: NYC214F00653000

Please use this space for any comments you wish to make about this applicant:

Name of DSO (please print): ____________________________ Signature: ____________________________

If not DSO, print name and title: ____________________________

Date: __________ Phone: __________ Fax: __________ E-mail: ____________________________

Name and Address of Institution: ____________________________

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