

# International Student Transfer Report

**Instructions to Applicant:** This form is to be completed only by applicants who currently attend U.S. high schools, colleges, universities, or language institutes. Please complete all of the following items before submitting to the Designated School Official or Responsible Officer at your current school in the United States.

Name of Applicant \_\_\_\_\_ I.D. #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
full legal name (1. family name; 2. given name; 3. middle name(s)) month/day/year

In accordance with the provisions of the Family Educational and Privacy Act of 1974, P.L. 93-380 with specific reference to Section 438 (a) (1) (B) and Subtitle A, Sections 99.11 and 99.12. (Note: If you check DO, the document will be confidential; if you check DO NOT, the document is not confidential.)

I DO  I DO NOT waive my right of access to, and review of, this document I am requesting.

I hereby authorize the Designated School Official or Responsible Officer to release the following information:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**To The Designated School Official:** The student named above is applying to the Stony Brook University. Before we issue a Certificate of Eligibility Form I-20 or IAP-66, we require the following information be on file in our office. We would very much appreciate your answers to the following questions. Please return or fax the report to the Undergraduate Admissions Office at the address below.

1. What is the current immigration status of the applicant? \_\_\_\_\_

2. Is your school where the student was last authorized to attend?  YES  NO

3. If F-1, a. What is the student's Admission number? \_\_\_\_\_

b. What is the date of completion on the student's latest I-20 to your school? \_\_\_\_\_

c. What is the length of the program? \_\_\_\_\_

d. Has the student used any practical training? \_\_\_\_\_ Curricular p.t. \_\_\_\_\_ (months) optional p.t. \_\_\_\_\_ (months)

e. Is the student engaged in optional practical training before/after completion of studies?  YES  NO

If yes, please include exact dates \_\_\_\_\_

4. If J-1: a. What was the beginning date for this program? \_\_\_\_\_

b. Attach copies of all Forms IAP-66.

c. Attach copy of Form I-94, front and back.

d. Would you be willing to sign the transfer Form IAP-66?  YES  NO

e. Category of Participation:  Student  Research Scholar  Professor  Short-Term Scholar

Other (Please indicate) \_\_\_\_\_

5. Has the student maintained full-time studies as defined by the regulations, including any certifications granted by you under 8 CFR 214.2(f)(6)(iii)?  YES  NO

6. The term in which the student was last enrolled was the \_\_\_\_\_ semester of \_\_\_\_\_ year

7. On what date did the applicant first arrive in the U.S.? \_\_\_\_\_

8. Could the applicant continue to study at your institution?  YES  NO

If not, why not? \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Designated School Official \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Designated School Official \_\_\_\_\_ Telephone \_\_\_\_\_

Name and Address of Institution \_\_\_\_\_

**Return this form to: Office of Undergraduate Admissions**

**Attention: International Undergraduate Admissions  
Stony Brook University  
Stony Brook, NY 11794-1901**

Telephone (631) 632-6146  
Fax (631) 632-9898