SEVIS F-1 Transfer Form

Section 1: To be completed by Student

Name and Date of Birth:
(Please print):

<table>
<thead>
<tr>
<th>Family / Last Name</th>
<th>Given / First Name</th>
<th>Date of Birth (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

Current Address in the U.S.:

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>E-mail</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Traveling outside the U.S. before BU program start: YES / NO (please circle)

If YES, please provide dates and destination of travel:

Name of Current School:

I have read and understand the information on the ISSO transfer instruction web page (www.bu.edu/isso/transferin)
I hereby authorize a Designated School Official (DSO) at the school named above to complete Section 2 of this form and either return it to me or send it to the Boston University ISSO on my behalf. I grant Boston University permission to contact a DSO at the above school to discuss the transfer of my SEVIS record if necessary. I confirm that the information listed above is correct the best of my knowledge.

Signature: ______________________ Date: ________________ (mm/dd/yyyy)

Section 2: To be completed by a Designated School Official (DSO)

Boston University School Code: BOS.214.F.00056.000

A. VERIFICATION OF F-1 STUDENT STATUS IN SEVIS

The transfer for the above-referenced student has been entered into SEVIS. The following information is provided in order for the transfer of the SEVIS record to be processed by Boston University in accordance with 8 CFR 214.2(f)(8)(ii)(C).

- F-1 Student’s SEVIS Identification Number: N
- Last date of attendance in current program:
- End date of current OPT period (if applicable):
- F-1 Student’s Transfer Release Date in SEVIS:

B. STUDENT’S ELIGIBILITY FOR TRANSFER BY NOTIFICATION

☐ I hereby confirm that, to the best of my knowledge, the above-referenced student is considered to be maintaining lawful F-1 status and is eligible for transfer.

☐ I hereby confirm that, to the best of my knowledge, the above-referenced student is not eligible for transfer for the following reason(s). [Please attach separate sheet if you need additional space]:

Name of school ___________________________ Phone number ___________________________ E-mail Address ___________________________

DSO Name (printed) ___________________________ DSO Signature ___________________________ Date (mm/dd/yyyy) ___________________________