Section 1: To Be Completed by Student

Name and Date of Birth:
(please print)

| *Family / Last Name* | *Given / First Name* | *Date of Birth (mm /dd /yyyy)* |

Current Address in the U.S.:

| *City* | *State* | *Zip Code* |

| *E-mail* | *Phone* |

Traveling outside the U.S.:   YES/NO – if YES, please provide dates 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 necessar. I give my permission to ISSO to access my US arrival/departure information, from the US Customs and Border Protection website:[http://www.cbp.dhs.gov/I94] If required for ISSO officials to confirm continued lawful status, in order to meet SEVIS reporting requirements or for ISSO processing or providing benefits. 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 Designated School Official (DSO)

Boston University appreciates your assistance in helping the student to select an appropriate transfer release date, and in completing the section below

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 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 currently participating in OPT and has met all SEVIS reporting requirements and has not exceeded the permitted days of unemployment.

☐ 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)* |