

DSO Name (printed)

F-1 SEVIS Transfer Form

Date (mm / dd / yyyy)

International Students & Scholars Offic	e 🔸	888 Commonwea	lth Avenue	, Second Floor	•	Boston, Massachusetts		•	02215
Telephone: 617/353-3565	is	ssogac@bu.edu	•	www.bu.edu/isso		• Facsimi	le:	617/358	8-1170

ection 1: To Be Co	impleted by Studelit		
ame and Date of Birth:			
(please print)	Family / Last Name	Given / First Name	Date of Birth (mm /dd /yyyy)
rrent Address in the U.S.:			
	City	State	Zip Code
	Oity	State	ΣΙρ Code
	E-mail	Phone	
veling outside the U.S.:	YES/NO – if YES, please p	rovide dates of travel:	
me of Current School:			
ton University ISSO on my beh /IS record if necessar. I give n tection website:[http://www.cbp	nalf. I grant Boston University perm my permission to ISSO to access o.dhs.gov/l94] If required for ISS	nission to contact a DSO at the all my US arrival/departure information officials to confirm continued	nd either return it to me or send it to the bove school to discuss the transfer of nation, from the US Customs and Bord I lawful status, in order to meet SEV in listed above is correct the best of national status.
gnature:		Date:	
			(mm / dd / yyyy)
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ston University appreciates	your assistance in helping the		iate transfer release date, and in
ston University appreciates makes the section below	your assistance in helping the	student to select an appropr	iate transfer release date, and in
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DSO Signature