BOSTON UNIVERSITY

# Eligibility Confirmation for F-1 SEVIS Transfer to BU

*International Students & Scholars Office* • *888 Commonwealth Avenue, Second Floor* • *Boston, Massachusetts* • *02215*
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## Section 1: To Be Completed by Student

**BU ID Number:** _____ **Current SEVIS Number:** _____

**Name and Date of Birth:**
(please print): _____
*Family / Last Name* *Given / First Name* *Date of Birth (mm /dd/yy)*

**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 return it to me. I grant Boston University permission to contact a DSO at the above school to discuss the transfer of my SEVIS record if necessary.

**Signature:** _____ **Date:** _____

## Section 2: SEVIS Transfer and Confirmation of Previous Enrollment

The ISSO must verify your most recent enrollment to confirm you qualify for SEVIS transfer. Your program at BU must start within five months of your last enrollment or within five months of the end of your OPT. Ask the Designated School Official (DSO) at your current institution to complete this form. If you are unable to obtain the signatures on this form, you must upload proof of your most recent enrollment with your transfer-in request.

**Designated School Official Verification of SEVIS Transfer and Previous Enrolment:**

**F-1 Student's SEVIS Number:** N_____ **SEVIS Release Date**: _____

**Last date of enrollment in current program:** _____

**End date of current OPT period (if applicable):** _____

☐ 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 | Email address |
|---|---|---|
| DSO Name | DSO Signature | Date (mm/dd/yyyy) |

**Boston University School Code: BOS214F00056000**