



**FORDHAM**

Office for International  
Services

OFFICE FOR INTERNATIONAL SERVICES

F-1 TRANSFER RECOMMENDATION FORM

**SECTION 1: TO BE COMPLETED BY STUDENT**

Family Name, Given Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fordham ID# A\_\_\_\_\_

I intend to transfer to Fordham University for the \_\_\_\_\_ semester. I hereby grant permission for the information requested below to be made available to Fordham University.

I will be leaving the U.S. before beginning my studies at Fordham and will directly return to the U.S. with Fordham's I-20 (Please Circle): **YES** **NO**

If Yes, when will you be leaving the U.S? \_\_\_\_\_ Coming back? \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Have you been admitted to Fordham University?** **Yes** **No** (if no, do not send this form)

**To which school (check the appropriate box)**

<b>LINCOLN CENTER – NYC214F00708001</b>	<b>ROSE HILL – NYC214F00708000</b>
<input type="checkbox"/> Fordham College Lincoln Center <input type="checkbox"/> Gabelli Undergraduate – Global Business <input type="checkbox"/> Gabelli School of Business (All Graduate Programs) <input type="checkbox"/> School of Law <input type="checkbox"/> School of Education <input type="checkbox"/> School of Social Service <input type="checkbox"/> School of Arts & Sciences (Comp. Sci, Data Science, Cyber Sec) <input type="checkbox"/> School of Professional and Continuing Studies <input type="checkbox"/> Institute of American Language and Culture	<input type="checkbox"/> Fordham College Rose Hill <input type="checkbox"/> Gabelli Undergraduate (except Global Business) <input type="checkbox"/> Graduate School of Arts & Sciences (except Computer Science, Data Science, Cyber Security) <input type="checkbox"/> Graduate School of Religion & Religious Education

  

<b>WESTCHESTER – NYC214F00708003</b>
<input type="checkbox"/> Graduate School of Arts & Sciences <input type="checkbox"/> School of Professional and Continuing Studies <input type="checkbox"/> Graduate School of Business / Education

**SECTION 2: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (Not Fordham)**

The above-named student intends to transfer to Fordham University for the semester stated above. Please answer all questions based on the term immediately preceding the transfer or last semester preceding a vacation or authorized practical training. **Please refer to the school list above for the correct Fordham SEVIS Code.**

1. Was this student considered to be pursuing a full-time course of study? **YES** **NO**

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

2. Student SEVIS ID: \_\_\_\_\_

3. What is the student's completion date? \_\_\_\_/\_\_\_\_/\_\_\_\_

4. What is the student's transfer release date entered in SEVIS? \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Please cite any periods of practical training? Curricular \_\_\_\_ months Optional \_\_\_\_ months

6. Are you releasing this record in Active Status? **YES** **NO**

If no, please explain \_\_\_\_\_

Official's Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please upload this form to your applicant portal or email it to [oisnewstudent@fordham.edu](mailto:oisnewstudent@fordham.edu)**