



**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 ( <i>except</i> Global Business) <input type="checkbox"/> Graduate School of Arts & Sciences ( <i>except</i> 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.**

- Was this student considered to be pursuing a full-time course of study? YES    NO  
Comments: \_\_\_\_\_
- Student SEVIS ID: \_\_\_\_\_
- What is the student's completion date? \_\_\_/\_\_\_/\_\_\_\_\_
- What is the student's transfer release date entered in SEVIS? \_\_\_/\_\_\_/\_\_\_\_\_
- Please cite any periods of practical training? Curricular \_\_\_ months    Optional \_\_\_ months
- 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: \_\_\_\_\_