

OFFICE FOR INTERNATIONAL SERVICES

F-1 TRANSFER RECOMMENDATION FORM

SECTION I: TO BE COMPLETED BY STUDENT
Last Name, FirstName
Date of Birth/ Fordham ID #
I intend to transfer to Fordham University for thesemester. I hereby grant permission for the information requested below to be made available to Fordham University.
I will be leaving the US before beginning my studies at Fordham and will directly return to US with Fordham's I-20. (Please circle) YES NO If Yes, when?
Student's Signature Date/
SECTION II: 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. 1. Was this student considered to be pursuing a full-time course of studyYesNoComments
Official's Name (Printed):Title
Institution:Email Address:
AddressTelephone:
Official's SignatureDate

Please email this form and a copy of the student's SEVIS I-20 to ois@fordham.edu. Or, you could mail or fax to:

Rose-Hill Campus: (for Fordham College at RH, College of Business Admin., Grad School of Arts and Sciences, Grad School of Religion)

NYC214F00708000 Fordham University, Office for International Services, Bldg 540, 441 E. Fordham Road, Bronx NY 10458

Fax (718) 817 - 5573, Phone: (718) 817 - 3145

Lincoln Center Campus: (for IALC, Fordham College at LC, Law Sch, Grad Sch of Business, Grad Sch of Education, Grad Sch of Social Service)

NYC214F007080001 Fordham University, Office for International Services, 33 West 60° Street, Room 306, New York, NY 10023-7905

Fax (212) 636 -7368, Phone: (212) 636 - 6270