



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)

LINCOLN CENTER – NYC214F00708001	ROSE HILL – NYC214F00708000
<input type="checkbox"/> Fordham College Lincoln Center <input type="checkbox"/> Gabelli Undergraduate – Global Business <input type="checkbox"/> Gabelli Business School (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 Analytics, 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 Analytics, Cyber Security) <input type="checkbox"/> Graduate School of Religion & Religious Education
	WESTCHESTER - NYC214F00708003 <input type="checkbox"/> Graduate School of Arts & Sciences

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: _____