



To: Designated School Official

School Name: _____

From: Int'l Student Office, SFBU; E-mail: iss@sfbu.edu Name: Ms. Jessie Dhamrait
School Code: **SFR214F01556000**

Re: **International Student Transfer Record**

The student whose name appears below wishes to transfer to SFBU to continue his/her education. Please complete section B and e-mail the form back to SFBU at iss@sfbu.edu at your earliest convenience. Thank you very much for your assistance.

A. To be completed by Student

Student's Name: _____, _____ Program: _____
Last/Family(s) First/Given(s)

SEVIS ID#: N _____

Starting term at SFBU: Year _____ Trimester _____
(Spring/Summer/Fall)

B. To be completed by the DSO/International Student Advisor at Last U.S. School Attended by the Student

Last Term Enrolled: [] Spring [] Summer [] Fall [] Winter, Year: _____

Last Date of Attendance: _____ Field of Study: _____
Month Day Year

Student's Academic Standing: [] Good [] Fair [] Poor

Is the student in good standing with a valid F1 status? [] Yes [] No

Practical Training:

a. CPT [] Yes [] No Full-time [] Part-time [] CPT dates From _____ to _____

b. OPT (pre and post-completion)

[] Yes [] No Full-time [] Part-time [] OPT dates From _____ to _____

Is the student eligible for transfer? [] Yes [] No Release Date: _____

Any additional relevant information: _____

Name of School Official (print): _____ Title: _____

Telephone: _____ Email: _____

Name of Institution: _____

Signature: _____ Date: _____