F-1 STUDENT SCHOOL TRANSFER CERTIFICATION

Instructions to STUDENT: Complete the top section of this form. Then give the form to your International Student Advisor at the school you currently attend. Ask the advisor to complete the form and return it to St. Bonaventure University (SBU) as soon as possible.

Student Name (please print): ____________________________________________________________________________________

________________________________________________________________________

To be completed by International Student Advisor at current school or school last attended. Please complete this form and return it by mail or fax to the address printed below, along with a photocopy of your most recent I-20.

SEVIS School Name: ___________________________ Date SEVIS transfer to be completed: ______________

Date of last entry into U.S.: ___________________ Date of last attendance at your school: ___________________

To your knowledge, is this student eligible to process a notification transfer of school?

_____ Yes       _____ No

Has this student received authorization for Practical Training (PT):

_____ Yes       _____ No

If yes, please specify:

Curricular PT Dates: __________________________

Full-time or Part-time: _______________________

Optional PT Dates: __________________________

Full-time or Part-time: _______________________

___________________________ __________________________

Signature of /Designated School Official Today’s Date

___________________________ __________________________

Name (printed) of Designated School Official Telephone Number

PLEASE SEND THIS FORM TO: Yvette Jordan

International Studies

PO BOX 113

3261 West State Rd

St. Bonaventure University

St. Bonaventure, New York 14778

Phone: (716) 375-4009

Fax: (716) 375-7882

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