



ST. BONAVENTURE
UNIVERSITY
Founded 1858

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): _____
Last Name/Family Name
First Name/Given Name

SBU Student ID # or _____ Expected date
 Social Security #: _____ of entry to SBU: _____

Please read and sign: I authorize my current International Student Advisor to release the information requested below to the Office of International Studies at St. Bonaventure University.

 Signature of Student Today's Date

____ Main Campus: BUF214F00246000

____ Buffalo Center: BUF214F00246001

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 If not, please explain: _____

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:

Carol Strauch
International Studies
PO BOX 113
3261 West State Rd
St. Bonaventure University
St. Bonaventure, New York 14778
Phone: (716) 375-4090
cstrauch@sbu.edu