F-1 STUDENT SCHOOL TRANSFER Eligibility Form

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. We cannot process your immigration school transfer until this form is received in our office.

Student Name (please print): ___________________________________________________________________________

Last Name/Family Name ___________________________ First Name/Given Name ___________________________

SBU Student ID # or Social Security #: ___________________________ Expected date 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

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.

School Name: ___________________________________________ Student’s INS Admission (I-94) #: ___________________________

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 with USCIS?

________ 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 International Student Advisor/Designated School Official Today’s Date

Name (printed) of International Student Advisor/Designated School Official Telephone Number

PLEASE SEND THIS FORM TO: SEVIS School Code: BUF214F00246000

Yvette Jordan, PDSO
International Student Office
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Phone: 716-375-4009

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