



ST. BONAVENTURE
UNIVERSITY
Founded 1858

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
E-mail: yjordan@sbu.edu
Phone: 716-375-4009