



Transfer-In Application

Instructions: Please complete Part I and then submit it to your international student advisor or designated school official at your current school for completion of Part II on the reverse side.

PART I: TO BE COMPLETED BY THE STUDENT

Name: _____ Today's Date: _____
Print Name CLEARLY: Last (Family), First, Middle

SEVIS ID Number: _____

Email Address: _____

Country of Citizenship: _____

Term you intend to transfer to St Joseph's College (SJC) (circle one):

Fall 20____ Spring 20____ Other (list term): _____

Have you been accepted to SJC yet: Yes No
If not, when did you apply? _____

Have you submitted your *Application for the Form I-20* yet? Yes No

At which SJC campus do you intend to study? (circle one) Brooklyn Patchogue

What "release date" have you and your school agreed upon for your records to be transferred to us:
Release Date: _____

Do you intend to travel outside the U.S. before beginning your studies at SJC?

No

Yes, Dates of travel: _____ till _____

➤ Will you need to apply for a renewal of your F-1 Visa to return to the U.S.? Yes No

Student Signature: _____ **Date:** _____

PART II: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR OR DESIGNATED SCHOOL OFFICIAL ONLY

School Official: Please complete and return this form to us, with photocopies of the students Form I-20, by mail or fax. *For your information, St. Joseph's College's school code is NYC214F00654000 for the Brooklyn campus and NYC214F00654001 for the Patchogue campus.*

Student Name: _____

School Name: _____

Address: _____

Program of study: _____ Major: _____

Did the student maintain F-1 student status? Yes No
If not, why? _____

Did the student complete the program for which the I-20 was issued?
 No Yes If yes, when? _____

If the student did NOT complete the program of study, please indicate the following:

Authorized Reduced Course Loads: Type (Medical/Academic) and dates:

Authorized Practical Training: Type (OPT/CPT) and dates"

Dates of attendance: From _____ to _____

What "release date" have you and the student agreed upon for the SEVIS record to be transferred to SJC?
Release date: _____
Please note that the release date should be the end of your academic term or later.

Name of School Official: _____

Please Print

Telephone: _____ Email: _____

Signature of International Student Advisor/P/DSO: _____

Please return this form to: _____ **Date:** _____

Linda Lubranski Coordinator of Global Studies, and Director of Academic Engagement
Designated School Officer (DSO)
St. Joseph's College
155 West Roe Blvd.
Patchogue, NY 11772
Phone: (631) 687-1280
Email: LLubranski@sjcny.edu