

PURPOSE OF THIS FORM

Students currently enrolled at or recently graduated from a college, university, or high school as an F-1 student in the United States (US), must complete this form and have the Designated School Official (DSO) **at their current institution complete Section 2**, so their F-1 record will be transferred in the [SEVIS](#) database to the [DSO](#) at Florida Polytechnic University. All required documentation must be received before the DSO at Florida Poly can issue the Form I-20.

SECTION 1: STUDENT INFORMATION

Surname/Last Name: _____ First Name: _____ Suffix: _____
 Preferred Name: _____ Birth Date (MM/DD/YYYY): _____ Country of Birth: _____
 Country of Citizenship: _____ City of Birth: _____
 Gender: _____ Housing Plan: On-Campus Off-Campus
 Foreign Address: _____ City: _____
 Province/Territory Postal Code (if any): _____ Country: _____
 Email Address: _____ (that you check frequently and can be reached at)
 Foreign Telephone Country Code + Number: _____ U.S. Telephone (if any): _____
 Cell Phone (or other number): _____

SECTION 2: To be completed by P/DSO at current institution:

This student has applied for admission at Florida Polytechnic University, we request the following information to determine their eligibility to transfer. If there are additional questions, please feel free to [contact us](#).

Florida Polytechnic University SEVIS School Code: MIA214F53904000

Student SEVIS#: _____ **SEVIS Release Date:** _____ Last date of attendance: _____

Is student still eligible to be enrolled? Yes No Did student graduate/complete program? Yes No

If no, please explain: _____

Did the student maintain their nonimmigrant status? Yes No

If no, please plain: _____

Has this student been granted Practical Training? No Yes **If yes, please enter type and dates below:**

CPT From: _____ to _____ OPT From: _____ to _____

Additional comments: _____

P/DSO Printed Name: _____ **Signature/Date:** _____

Institution Name/Address: _____

Email: _____ Telephone: _____

SECTION 3: STUDENT PROGRAM OF STUDY

Major: _____ Education Level (check one): Undergraduate Graduate

SECTION 4: DEPENDENTS

Are you [bringing legal dependents](#) to reside in the United States while you study? Yes No

If yes, please complete the [F-1 Dependent Form](#) and submit it with this request and all required documentation.

SECTION 5: EVIDENCE OF FINANCIAL ABILITY

As outlined in the [F-1 Transfer Pre-Arrival Onboarding](#) course you completed, you **must** provide [evidence of financial ability](#) showing that you or a sponsor has sufficient funds to cover tuition and living expenses during the intended study period.

You must be able to cover the [estimated cost of attendance \(COA\)](#) outlined in the chart below, including [health insurance coverage](#) which is a requirement for admission.

Estimated COA CHART	TUITION & FEES <i>*Non-Florida Resident</i>	ROOM & BOARD	BOOKS	TRANSPORATION & OTHER EXPENSES	HEALTH INSURANCE	TOTAL
UNDEGRADUATES	\$21,005	\$12,940	\$1,148	\$3,873	\$1,200	\$40,166
GRADUATES	\$19,998	\$12,940	\$1,148	\$3,873	\$1,200	\$39,159

Estimates are based on undergraduate students enrolled in thirty credit hours, and graduate students enrolled in eighteen credit hours over an [academic year \(9 months\)](#). **COA information is subject to change without notice; updated information may be requested.**

****If bringing dependents, you must add an additional \$3000 per dependent to your total estimated costs.***

Complete all applicable sections of the Source of Funds table below and remember the following guidelines:

- Amount of Funds:** Amounts **must** be in US Dollars (USD); if not, you are required to provide the USD conversion.
- Documentation Required:** Financial documents **must** be in English; if not, you are required to provide an English translation
- Legal Dependents:** If you bring dependents, you **must** include an additional \$3000 USD per dependent.
- Total:** The total of the amount of funds listed **must** be equal to or greater than your estimated total costs.

SOURCE OF FUNDS Table	Amount of Funds per Academic Year (Until program completion) <i>*In USD</i>	Evidence Required
Florida Poly Financial Aid		Florida Poly Financial Aid or GA Award Letter(s) <i>*If a student signature is required, the copy submitted <u>must</u> be signed.</i>
Student's Personal Funds		Official Banking Statement(s) or Certificate
Funds from Family/Relative/Friend <i>*Complete Section 5</i>		Official Banking Statement(s) or Certificate or F-1 Sponsor Affidavit (if you will not be charged for room and board)
Government/Sponsoring Agency		Official letter of support from the government of sponsoring agency
Other Source of Support:		Identify the source of funds and attach appropriate documentation to verify funding.
TOTAL <i>*Must meet or exceed total COA</i>		Totals must be equal to or greater than the estimated costs.

NOTE: Additional verification may be required if the documentation submitted is unclear or missing required information.

SECTION 6: SPONSOR FINANCIAL CERTIFICATION

Funds from family, relatives, or friends must complete this section. Please attach a document with the additional sponsor information and signatures if extra space is needed.

Sponsor Statement: My signature certifies I/we have agreed to provide total funds listed under the Source of Funds chart above, to support students per academic year for full-time study at Florida Poly until they complete their program of study. I/we have included the required financial documentation to verify the availability of [liquid assets](#) in English and USD.

SPONSOR PRINTED NAME	RELATIONSHIP TO STUDENT	SPONSOR SIGNATURE	DATE SIGNED

STUDENT CERTIFICATION

- I understand that if I do not meet all admission requirements to maintain my F-1 status and eligibility to study in the US, it can result in a delayed start date or the ineligibility to attend the university.
- I understand I am responsible for securing my visa interview and providing a color copy to ISS once issued.
- I understand I must provide a color copy of my passport with an expiration date valid at least six months in the future.
- I understand I must submit copies of financial documents to verify the funds available to cover the estimated COA.
- Before arriving in the U.S. I must meet all university and immigration requirements; this includes but is not limited to all of the requirements listed on this form and the successful completion of the [F-1 Pre-Arrival Onboarding](#).
- I understand that total tuition and fees must be paid to the university by the [fee payment deadline](#) (please see the University [Academic Calendar](#) for dates). If receiving financial support, I understand I must obtain the funds for payment or fulfill my Florida Poly financial aid requirements to be disbursed (or both, as applicable).
- I understand that I must make my housing, travel, and transportation arrangements and provide confirmation of my travel dates to ISS.
- I understand I must be physically present in the U.S. and prepared to start classes on the date listed on my I-20 and that I must have the required technology, books, and supplies needed for the teaching modality of my classes.
- I understand that if I am unable to obtain my visa (and other requirements), preventing me from starting classes on the start date on my I-20, I must contact the [Office of Admissions](#) to request a deferred start date and term, no later than 30 days before the start of classes. (**Late arrivals are not authorized**).
- I understand that I must purchase international student health insurance to cover any medical expenses I may have while studying in the US and provide evidence of coverage before my arrival.

By signing below, I certify the validity of all information provided. I will meet all requirements before the issuance of my I-20 and my arrival at the university. If I do not comply with all university and immigration requirements, this can result in not being eligible to be enrolled in classes, a delay in my start term, or no longer being eligible to study in the United States. I will contact [ISS](#) to request assistance if I am unclear or have complications obtaining what is required. I must attend new student orientation and arrive before the first day of classes.

Print Full Name: _____ **Student Signature:** _____ **Date:** _____

If under 18 years old:

Parent Name: _____ **Parent Signature:** _____ **Date:** _____