

PURPOSE OF THIS FORM

New transfer students currently enrolled or have 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 school complete Section 2. Upon completion, please return this form and all other required documentation to ISS@floridapoly.edu so your SEVIS record can be transferred to Florida Polytechnic University.

STUDENT INFORMATION

Surname/Last Name: _____ First Name: _____
 US Street Address: _____ Apt/Unit: _____
 City: _____ State: _____ Postal Code: _____
 Date of Birth (MM/DD/YYYY): _____ Email Address: _____
 Student SEVIS ID: _____ US Telephone Number: _____

STUDENT CERTIFICATION

By signing below, I certify the validity of all information provided. I understand this form must be submitted with the [I-20 Request](#) and all required evidence to be transferred, and that I will be issued an I-20 from Florida Poly on my SEVIS Release Date (**see Section 2**).

Print Full Name: _____ Student Signature/Date: _____

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

The student listed above has been admitted to Florida Polytechnic University. The following information is requested from their current DSO to determine their eligibility to transfer. If there are any additional questions, please contact a DSO at ISS@floridapoly.edu.

Florida Polytechnic University SEVIS School Code: MIA214F53904000

SEVIS Release Date: _____ Last date of attendance: _____

Has this student maintained their F-1 nonimmigrant status and are they eligible to re-enroll? Yes No

If "No", please explain: _____

Did the student complete their program of study? Yes No *If, yes, list degree-level earned:* _____

Has this student been granted Practical Training? No Yes *If yes, please check the applicable box(es) and enter dates below:*

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

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

DSO Printed Name: _____ Signature/Date: _____

Email: _____ Telephone: _____

Institution Name/Address: _____

Institution SEVIS School Code (required): _____