

## PURPOSE OF THIS FORM

Students who are currently enrolled 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**, to have their SEVIS record transferred to Florida Polytechnic University. The student is responsible for submitting this completed form along with Request, along with all other required documentation requested to I-20 Request to [ISS@floridapoly.edu](mailto:ISS@floridapoly.edu).

## SECTION 1: STUDENT INFORMATION

Student SEVIS#: \_\_\_\_\_

Surname/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

US Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ (that you check frequently and can be reached at)

US Telephone Number: \_\_\_\_\_ US Cell Phone: \_\_\_\_\_

## STUDENT CERTIFICATION

By signing below, I certify the validity of all information provided. I understand this form must be submitted with I-20 Request to be eligible and that I will not be issued an updated I-20 from Florida Poly until the 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 additional questions, please contact the Florida Poly DSO at [ISS@floridapoly.edu](mailto:ISS@floridapoly.edu).

**Florida Polytechnic University SEVIS School Code: MIA214F53904000**

SEVIS Release Date: \_\_\_\_\_ Last date of attendance: \_\_\_\_\_

Student still eligible to be enrolled?  Yes  No Did student complete their program of study?  Yes  No

If yes, what degree did they earn?  Undergraduate  Graduate Other: \_\_\_\_\_

Did this student maintain their F-1 nonimmigrant status?  Yes  No

If no, please explain: \_\_\_\_\_

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

CPT From: \_\_\_\_\_ to \_\_\_\_\_  OPT From: \_\_\_\_\_ to \_\_\_\_\_

P/DSO Printed Name: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Institution Name/Address: \_\_\_\_\_

Institution SEVIS School Code: \_\_\_\_\_