

Part 1: To be completed by the Student

Student Name: _____

U.S. Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Phone Number: _____ Email Address: _____

Permanent Address (non-US address) _____

Home Phone Number: _____

Term and year you intend to transfer to Farmingdale State College _____

I give permission for my current school to transfer my I-20 to Farmingdale State College:

Student Signature

Date

Part 2: To be completed by Current Primary/Designated School Official

Please complete this form and submit to international@farmingdale.edu

To the best of your knowledge, is the student in valid F-1 status? _____

Before transferring a record in completed or terminated status, please contact our office.

The student's last day of attendance was/will be? _____

What was the student program of study? _____

Has the student used any practical training? _____

If yes, then how many months of: Curricular Practical Training _____

Optional Practical Training _____

Is the student currently engaged in optional practical training? _____

If yes, please include exact dates: _____

Could the applicant continue to study at your institution? _____

If not, then why not? _____

Student's SEVIS ID Number: _____

SEVIS Transfer Release date to Farmingdale State College: _____

Farmingdale State College Main Campus Code: NYC214F00773000

Farmingdale State College Aviation Center Campus Code: NYC214F00773001

Signature of P/DSO: _____ Date: _____

Printed Name of P/DSO: _____

Contact Number: _____ Email Address: _____

Name and Address of Institution: _____

School SEVIS code: _____

Office of International Education and Programs
General office email: international@farmingdale.edu