

Office of Recruitment and Marketing  
ESSEX COUNTY COLLEGE  
303 University Avenue  
Room 4122C  
Newark, NJ 07102

Telephone: (973) 877 3187  
Fax: (973) 877 3446

## REQUEST FOR F-1 TRANSFER INFORMATION

### PART 1: To be completed by the student:

This is to inform you that I intend to transfer to ESSEX COUNTY COLLEGE for the FALL/SPRING 200 \_\_\_\_\_ semester. Please complete the information requested below and return to the letterhead address as soon as possible.

Thank You.

Student Name: \_\_\_\_\_  
Last, family First Middle

Signature: \_\_\_\_\_ Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PART 2: To be completed by the Designated School Official

- The student is in lawful F-1 status according to USCIS regulations, { 8CFR 214.2(f) (6) (iii)}  
The student was last enrolled in the \_\_\_\_\_ semester.

SEVIS # \_\_\_\_\_

RECORD WILL BE RELEASED AFTER: \_\_\_\_\_  
Date

- The student is not in lawful F-1 status according to USCIS regulations for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am enclosing any information I have available that would be helpful in a reinstatement application.  
The student has been authorized the following Practical Training benefits:

OPTIONAL: **Full-time:** \_\_\_\_ months \_\_\_\_ days **Part -time:** \_\_\_\_ months \_\_\_\_ days

CURRICULAR: **Full-time:** \_\_\_\_ months \_\_\_\_ days

\_\_\_\_\_  
Signature of DSO Title Name Printed

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

School name and address \_\_\_\_\_  
\_\_\_\_\_

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