



303 University Avenue  
Newark, NJ 07102

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 **20** \_\_\_\_\_ semester (SEVIS School Code: NEW214F00626000). Please complete the information requested below and return to the letterhead address or e-mail to [dizdarev@essex.edu](mailto:dizdarev@essex.edu) or [yeltanta@essex.edu](mailto:yeltanta@essex.edu) as soon as possible. Thank You.

Student Name: \_\_\_\_\_  
Last/family name First name Middle name

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 is/was last enrolled in the \_\_\_\_\_ semester.

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

- 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:

**PRE COMPLETION OPT:** Full-time: \_\_\_ months \_\_\_ days Part-time: \_\_\_ months \_\_\_ days

**POST COMPLETION OPT:** Full-time: \_\_\_ months \_\_\_ days Part-time: \_\_\_ months \_\_\_ days

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

Signature of DSO: \_\_\_\_\_ Title: \_\_\_\_\_

Name Printed: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_