



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 (SEVIS School Code NEW214F00626000) for the FALL/SPRING _____ semester. Please complete the information requested below and return to the **ISSO@essex.edu** 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 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: _____

School name and address: _____