OFFICE OF ENROLLMENT

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. **Transfer out only active records.**

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 PDSO/DSO: _____ Title: _____

PDSO/DSO Email: _____ Phone: _____

Name Printed: _____

School name and address: _____

Please fax or e-mail form to: Fax: (973) 877 3446, e-mail: ISSO@essex.edu