

MONROE COLLEGE

International Student Services

F-1 STUDENT TRANSFER TO MONROE COLLEGE TRANSFER ELIGIBILITY FORM

First Name

Last Name

Monroe ID #

Physical Address in the U.S. (Building number, street name, apartment/floor/suite number, city, state, and zip)

Email Address

U.S. Cell Phone Number

Academic Program (check one): ELLI Certificate Associate Bachelor Master's

SEVIS ID Number (top left corner of I-20): N _____

For which semester have you been accepted to attend Monroe College? Check one & add the year.

Fall 20____ Winter 20____ Spring 20____

Any current OPT or CPT will end immediately upon the release of your SEVIS record.

Please release my SEVIS record to Monroe College on this date: : _____ / _____ / _____
MM DD YYYY

Student Signature

Date

TO BE COMPLETED BY AN INTERNATIONAL ADVISOR AT YOUR *CURRENT SCHOOL*

Please use Monroe College SEVIS ID# NYC214F00936001. Please scan and email this form to NRStudentServices@monroecollege.edu with "Attention: DSO" in the subject line. Thank you!

School Name: _____

Dates of attendance at your school: Start Date: _____ / _____ / _____ Last Attended: _____ / _____ / _____
MM DD YY MM DD YY

- Is the above-named student enrolled in a full-time course of study or otherwise maintaining valid F-1 status at your school? Yes No
- If the student is not in valid F-1 status please indicate current SEVIS status: _____, and please contact us prior to releasing the record.
- Was the student authorized for practical training or RCL? Yes No
 - OPT authorization dates: _____ to _____
 - CPT authorization dates: _____ to _____
 - Reduced course load dates: _____ to _____ (medical or academic?)
- Has the student met all financial obligations at your school? Yes No

Comments: _____

SEVIS release date for the above-named student: : _____ / _____ / _____
MM DD YYYY

Advisor Name

Advisor Signature

Date

Advisor Email Address

Advisor Phone Number

OFFICE OF STUDENT SERVICES

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