



F-1 TRANSFER VERIFICATION FORM

Office of International Admission

PART I: TO BE COMPLETED BY STUDENT

I intend to transfer my F-1 status to Marymount Manhattan College. I grant permission for the information requested below to be forwarded to the Office of International Admission at Marymount Manhattan College.

Name of Student: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Intended major? _____

Semester of Admission: Fall _____ Spring _____

Student Signature: _____ Date: _____

PART II: TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

Student's Non-Immigrant Status is: F-1 Other _____

Dates of attendance at your institution? From _____ To _____

Is this student considered to be pursuing a full course of study? If not, please explain in the comments below.

Yes No: _____

What is the level of study at your institution?

Language Training High School Undergraduate Other _____

Has this student been granted work authorization? Yes: Please list authorized periods below. No

Curricular Practical Training: _____ Optional Practical Training: _____

Economic Hardship: _____ Other: _____

Did this student maintain F-1 status at your institution? Yes No: Please comment below.

What is the SEVIS release date? Month: _____ Day: _____ Year: _____

Please release the SEVIS record to NYC214F01130000, Marymount Manhattan College.

DSO INFORMATION

Official's Name: _____ Title: _____

Institution: _____ Phone: _____

Address: _____

Signature: _____ Date: _____