



F-1 INTERNATIONAL STUDENT TRANSFER-IN FORM

SECTION I TO BE COMPLETED BY THE STUDENT (after receiving admission to NU)

Name(Please print): _____ Date of Birth: ____/____/____
Last (Family) First (Given) Middle M M D D Y Y Y Y
Name of Current School: _____

I intend to transfer to NU for the ___Fall ___Spring ___Summer semester of year:_____.

I hereby authorize a DSO at my current school to complete SECTION II of this form and send it to Niagara University:

Student's Signature

Today's Date

SECTION II TO BE COMPLETED BY DESIGNATED SCHOOL OFFICAL (DSO)

Please check all appropriate boxes below, provide the information requested, and return this form to NU via email or fax.

- The student names above (1) has been enrolled in a full-time course of study,(2) is considered to be maintaining lawful F-1 status, (3) is eligible to transfer, (4) will not have a gap greater than 5 months between completion of studies at the current school or completion of OPT and the anticipated start of studies at NU; and (5) the student's SEVIS record has NOT been cancelled, completed, terminated or transferred to another school already.
- This student would be eligible to continue studies at the current school.
- This student is NOT eligible to transfer because she/he is out-of-status and has been advised to apply for reinstatement. (Please contact Sarina Munzi, DSO, at 716-286-8728, prior to transferring this student's SEVIS record to NU)
- This student would NOT be eligible to continue studies at the current school because:

- This student has been approved for a Reduced Course Load;
Degree Level: _____ Reason for RCL: _____
- Our school is not authorized to enroll international students in SEVIS.
- The student has used Curricular Practical Training (CPT)? ___ YES ___ NO
 - o If yes: From _____ To _____ : full time or part time (circle one)
 - From _____ To _____ : full time or part time (circle one)
- The student has used Optional Practical Training (OPT)*? ___ YES ___ NO
 - o If yes: From _____ To _____ : full time or part time (circle one)
 - From _____ To _____ : full time or part time (circle one)

**Work authorization based on Optional Practical Training, Severe Economic Hardship or Special Student Relief is automatically cancelled when the SEVIS record is released*

This form has been completed by the following DSO:

Print Name : _____ Title: _____ Phone: _____

Signature:: _____ Today's Date: _____ Email: _____

Transfer the SEVIS record to: **Niagara University BUF214F00089000** RELEASE DATE: _____

Please send form(s) to Sarina Munzi : Email: smunzi@niagara.edu or Fax: 716-286-8733