



F-1 Transfer-In Form Application & Information

Please complete Part I and then submit it to your international student advisor at your current school and have them complete Part II. Please note that we will not have access to your I-20 until the release date has passed.

PART I: TO BE COMPLETED BY THE STUDENT

Last/Family Name	First/Given Name
Date of Birth	Admission number (I-94 card)
Country of Citizenship	Term/year you intend to transfer to CW Post
Have you been accepted to C.W. Post yet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you submitted the following documents for your I-20?	
Bank Statement/Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
I-20 Application Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to travel outside the U.S. before beginning your studies at C.W. Post?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____	
If yes, will you apply for a renewal of your visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby grant permission for the information requested to be made available to C.W. Post.

Student Signature _____ **Date** _____

PART II: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL ONLY

Please complete and return to us with photocopies of the student's Forms I-20 by mail or fax (516-299-2137). Our campus is located in SEVIS as **Long Island University-C.W. Post Campus** and our school code is **NYC214F01742000**.

The above named student intends to transfer to Long Island University-C.W. Post Campus for the semester stated.

1. Degree Level/ Major being pursued at your institution. _____
2. Dates of attendance at your institution: From _____ to _____
3. Has the student been maintaining full time status at your institution? YES NO
If no, why? _____
4. Did the student complete the program the I-20 was issued for? YES NO If yes, when? _____
5. Please cite any periods of reduced course level:

Medical:	<input type="checkbox"/> YES	<input type="checkbox"/> No	Dates: _____
Academic:	<input type="checkbox"/> YES	<input type="checkbox"/> No	Dates: _____
6. Please cite and periods of Employment Authorization:

CPT:	<input type="checkbox"/> YES	<input type="checkbox"/> No	Dates: _____
OPT:	<input type="checkbox"/> YES	<input type="checkbox"/> No	Dates: _____
Economic Hardship:	<input type="checkbox"/> YES	<input type="checkbox"/> No	Dates: _____
STEM OPT:	<input type="checkbox"/> YES	<input type="checkbox"/> No	Dates: _____
7. To the best of your knowledge, is the student currently in legal status? YES No

Comments: _____

8. Please indicate the student's transfer release date: _____

Name _____ Title _____
Institution _____ Address _____
E-mail _____ Phone _____
Signature _____ Date _____