

Academic Institution Section – To be completed by the International Student Advisor/Designated School Official (DSO):

The student named on page one of this form has indicated intent to transfer to Florida Southwestern State College at the location checked. Please certify the information below, so that FSW can verify the student’s eligibility for the F-1 school transfer. Return the completed form via email to the FSW Admissions Office at internationalstudent@fsw.edu.

Student Name: _____ SEVIS ID Number: _____

1. Student’s I-94 admission number: _____
2. Date of initial or last entry into the United States: _____
3. Type of visa at entry: _____
4. What is the completion date in Section 5 of the current I-20? _____
5. For which term was the student last enrolled full time at your institution? _____
6. Is the student currently on an annual vacation? (circle one) **Yes** or **No**
7. Has the student ever been granted any kind of practical training: (circle one) **Yes** or **No**
If yes, state what kind and duration: _____
8. What is the SEVIS Release date from your school? _____

F-2 Dependent Information: Name (print Family Name, Given Name) and SEVIS ID Number

Eligibility for F-1 Transfer:

- I confirm that, to the best of my knowledge, the student named above has continually maintained F-1 status, has been enrolled in a full course of study, and is eligible for an F-1 Transfer for the term indicated in the student section.
- I confirm that, to the best of my knowledge, the student named above is ineligible for an F-1 transfer for the following reason: _____

DSO Signature: _____ Date: _____

Name and Title of DSO (please print): _____

School Name: _____

Address: _____ Telephone: _____ Email _____