

## TRANSFER RECOMMENDATION FORM

### TO BE COMPLETED BY THE STUDENT:

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SEVIS ID Number \_\_\_\_\_

Release date of SEVIS I-20 as of: \_\_\_\_\_

I intend to transfer to Marist College. I hereby grant permission for the information below to be made available to Marist College.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form to your current Foreign Student Advisor for completion.

### TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL:

The above named student intends to transfer to Marist College.  
Please return this form along with a photocopy of the student's SEVIS I-20 to Marist College, 3399 North Road, Poughkeepsie, NY 12601-1387, **Attention: Undergraduate Admissions.**

1. When did the student attend your institution? From \_\_\_\_\_ To \_\_\_\_\_
2. Did the student pursue a full course of study? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Was the student enrolled full-time for notification of transfer? Yes \_\_\_\_\_ No \_\_\_\_\_
4. What was the student's educational level? \_\_\_\_\_
5. Did the student transfer to your institution? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Was this student approved for OPT? Yes \_\_\_\_\_ No \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

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Name \_\_\_\_\_ Title \_\_\_\_\_

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Institution \_\_\_\_\_ Telephone Number \_\_\_\_\_

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Address \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_