

### TO BE COMPLETED BY THE STUDENT:

Name	Date of Birth	SEVIS ID Number
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I intend to transfer to Marist College. I hereby grant permission for the information below to be made available to Marist College.

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

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

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

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 **Attention: Undergraduate Admissions**, Marist College, 3399 North Road, Poughkeepsie, NY 12601-1387.

Office of the Registrar  
Marist College  
Poughkeepsie, NY  
12601-1387  
telephone: 845-575-3250  
e-mail:  
Registrar@Marist.edu

1. When did the student attend your institution? From \_\_\_\_\_ to \_\_\_\_\_, or never attended \_\_\_\_\_.
2. Non-immigrant status: \_\_\_\_\_ Is the student eligible for transfer? \_\_\_\_\_
3. If the student has F-1 status, has the student used any periods of CPT or OPT?  
\_\_\_\_\_
4. Indicate whether or not this student has used any periods of Reduced Course Load?  
\_\_\_\_\_
5. If the student has J-1 status, what is the Exchange Visitor's category: \_\_\_\_\_  
Has the Exchange Visitor used any periods of Academic Training? \_\_\_\_\_

DSO/PDSO Name	Title
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Signature	Date	Email
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Institution	Telephone Number
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Address
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**Marist College School Code: NYC214F00268000**