

### TO BE COMPLETED BY THE STUDENT:

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth (m/d/y): \_\_\_\_/\_\_\_\_/\_\_\_\_      SERVIS ID Number: \_\_\_\_\_

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: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to your current Foreign Student Advisor for completion. Send Marist College a copy of your I-20, Visa and I-94 card.

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

The above named student intends to transfer to Marist College.

Please return this form to Attention: Office of Admission

1. When did the student attend your institution? From \_\_\_\_\_ to \_\_\_\_\_, or never attended \_\_\_\_\_.

2. Non-immigrant status: \_\_\_\_\_

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: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

Marist College School Code: NYC214F00268000

DSO: Deborah.holtman1@Marist.edu