

TRANSFER IN RECOMMENDATION FORM

TO BE COMPLETED BY THE STUDENT:

| | | |
|------|---------------|-----------------|
| Name | Date of Birth | SEVIS ID Number |
|------|---------------|-----------------|

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

Release date of SEVIS I-20: _____

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

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 University.

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 |
|---------------|-------|

| | | |
|-----------|------|-------|
| Signature | Date | Email |
|-----------|------|-------|

| | |
|-------------|------------------|
| Institution | Telephone Number |
|-------------|------------------|

Address

Marist University School Code: NYC214F00268000