SEVIS TRANSFER FORM (STF) FOR INTERNATIONAL STUDENTS

Students in F or J visa status transferring from another U.S. institution to Florida Atlantic University (FAU) must complete this form as part of the admission process. ISSS must receive this completed document before issuing the I-20 or DS-2019.

*** Go to the following link for instructions on how to submit this form: http://www.fau.edu/isss/New_Student_Documents.php ***

SECTION A (To be completed by the student):

Last Name (Family, Surname) First Name (Given Name) Middle Name

Country of Citizenship Date of Birth (month, day, year) Current Visa Status

Primary Phone Number: __________________________ Email Address: __________________________

Expected enrollment start date year: _______ Expected semester: fall ______ spring ______ summer ______

Note: Check the university academic calendar for specific start date options.

Do you plan to travel outside of the U.S.? _______ if yes, please explain: __________________________

Student authorization: By signing below, I authorize my current International Student Advisor / DSO to provide the information requested below.

Signature Date

SECTION B (To be completed by the International Student Advisor / DSO in current institution)

Institution Name: __________________________

Address: ______________________________________________________________________________________________

SEVIS Release Date: ________________ F-1 School Code or J-1 Program Number: __________________________

SEVIS ID Number: __________________________ Current Visa Status (F or J): ________________

Last Date of Entry in the U.S.: ________________ I-94 D/S or expiry date: __________________________

J-1 holders: Category: __________________________ Subject to two-year home residency requirement: Yes ____ No____

Last term of enrollment: __________________________ Is/was the student in good academic standing? Yes ____ No____

(If no, please explain): __________________________

Curricular Practical Training (list dates and part time or full-time authorization): __________________________

Optional Practical Training (list dates and pre or post completion authorization): __________________________

Visa status: Currently in valid visa status and eligible for SEVIS transfer (to the best of your knowledge)

Yes _______ No _____ (If no, please explain) __________________________

PDSO/DSO or A/RO Name and Title (please print) __________________________

Signature __________________________

Mailing Address Email Phone (required)

*** Note: Please attach a copy of current I-20 with the SEVIS Transfer Form (STF). ***