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.

***Please type or print clearly and scan forms in .pdf formatting to be e-mailed to ISSSadmissiondocs@fau.edu***

SECTION A (To be completed by the student):

<table>
<thead>
<tr>
<th>Last Name (Family, Surname)</th>
<th>First Name (Given Name)</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of Citizenship</td>
<td>Date of Birth (month, day, year)</td>
<td>Current Visa Status</td>
</tr>
</tbody>
</table>

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) ________________________________________________________________________

_________________________________________________________ Signature __________

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

Mailing Address __________________________ Email __________________________ Phone (required) __________________________

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