International Services (IS) at Center for Global Engagement Boca Raton Campus: 777 Glades Road DP-49, Boca Raton, FL 33431; Tel: (561) 297-3049 | Email: ISSS@fau.edu

## 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 Current Visa Status Date of Birth (month, day, year) Primary Phone Number: Email Address: Expected enrollment start date year: Expected semester: fall spring summer **Note**: Check the university <u>academic calendar</u> 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)