

TRANSFER VERIFICATION FORM *for students in F-1 status*

Please complete Part I of this form and have Part II completed by the International Student Advisor/ Designated School Official (DSO) at the school you currently attend.

PART I – *To be completed by the student:*

Family Name: _____ Given Name: _____

Social Security or ID #: _____ I-94 #: _____

I hereby grant permission for the information requested below to be forwarded to Emerson College.

Signature

Date

PART II – *To be completed by the International Student Advisor/Designated School Official (DOS):*

The above-named student has been admitted to Emerson College. In accordance with pertinent Bureau of Citizenship and Immigration Services (BCIS) regulations, we request that you confirm her/his status at your institution so that we may process a transfer in SEVIS. Please complete the following information and return this form to the student or mail or fax it directly to:

Office of Graduate Admission, Emerson College
120 Boylston Street, Boston, MA 02116-4624
Fax: 617-824-8614

- What is the student's SEVIS ID#? _____
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- What is the student's SEVIS "Transfer Release Date?" _____
- Is all the information above (completed by the student) correct? Yes No
- To the best of your knowledge, is this student currently maintaining status under BCIS regulations?
 Yes No If no, please explain: _____
- Is/was the student pursuing a full course of study? Yes No
- Please indicate the student's dates of attendance (not I-20 dates) at your institution: _____ to _____
- Please list any periods of Optional or Curricular Practical Training: _____
- Is the student currently employed on campus at your institution? Yes No
If yes, what is the end date of this employment? _____

Signature of DSO

Name and Title of DSO

Date

Name and Location of Institution