



## 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 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 (DSO):*

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 Undergraduate Admission, Emerson College  
120 Boylston Street, Boston, MA 02116-4624

Fax: 617-824-8609

- What is the student's SEVIS ID#? \_\_\_\_\_
- 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: \_\_\_\_\_

\_\_\_\_\_  
*Signature of DSO*

\_\_\_\_\_  
*Name and Title of DSO*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name and Location of Institution*