F-1 Student Transfer Form

International Student Services Office

Instructions

The student should complete Section 1 and then give the form to their International Student Advisor (the PDSO or DSO at your current school). Ask your International Student Advisor to complete Section 2 and return the form to St. Bonaventure University as soon as possible.

Section 1 – Student Information

Family / Last / Surname	First / Given Name	Middle Name

SBU Student ID	Semester ? K R Entering SBU	Requested Transfer Release Date

I authorize my current International Student Advisor (PDSO or DSO) to provide the information below as part of my admission to St. Bonaventure University and or release my electronic SEVIS record.

Student signature	Date

Section 2 – International Student Advisor (PDSO or DSO)

School Name	E c d Q R Degree level	Date of Last Attendance

Is the student currently in status? Yes No

If no, date of termination in SEVIS: _____

If no, date of reinstatement application: _____

Did the student graduate? Yes No

Was the student authorized for a Reduced Course Load? If yes, please specify below. Yes No

Authorization Dates: _____

Authorization Reason: _____

Was the student authorization for Practical Training? If yes, please specify below. Yes No

1. CPT Authorization Dates _____ Full-time Part-time
2. OPT Authorization Dates _____

Please send the completed form to the International Student Services Office at St. Bonaventure University
Email: isso@sbu.edu | Fax: 716-375-2072 | Mail: 3261 W State Rd, Box 2479, St. Bonaventure, NY 14778