

F-1 Visa Transfer Recommendation Form



Student: Please complete the top of this form and give it to the international student advisor at the school you are currently attending. We cannot complete your transfer until this form is returned to the Center for International Programs with a copy of your current I-20 and I-94 card.

Name: _____

Permanent Address outside the US: _____

Transferring Form: _____

I authorize my current international student advisor to provide the information below.

Signature: _____

Date: _____

Advisor: The above named student has applied to Saint Joseph's University for admission. Please complete the following information so that we may proceed with his/her application and transfer. Please fax this form to 610-660-1697 or mail to Saint Joseph's University, Center for International Programs, 5600 City Avenue, Philadelphia, PA 19131.

1. The student began studying on _____ and his/her last dates of enrollment was/will be on _____.

2. Is the student in valid immigration status? Yes ____ No ____

3. Has the student been authorized for a Reduced Course Load? Please list dates and reasons under additional comments. Yes ____ No ____

4. Has the student been issued practical training? Please list dates and full-time/part-time under additional comments. Yes ____ No ____

5. Has he/she met all financial obligations? Yes ____ No ____

6. Do you recommend this student for transfer? Yes ____ No ____

7. SEVIS number: _____ Sevis Release Date: _____

Please release student's SEVIS record to Saint Joseph's University – PHI214F00361000.

8. Additional comments: _____

Name and Title: _____

Institution: _____

Phone and Email: _____

Signature: _____