



F-1 Transfer-In Form Application & Information

Please complete Part I and then submit it to your international student advisor at your current school and have them complete Part II. Please note that we will not have access to your I-20 until the release date has passed.

PART I: TO BE COMPLETED BY THE STUDENT

Last/Family Name

First/Given Name

Date of Birth

N _____
SEVIS ID #

Admission number (I-94 card)

Country of Citizenship

Term/year you intend to transfer to LIU Post

Have you been accepted to LIU Post yet? Yes No

Have you submitted the following documents for your I-20?

Bank Statement/Letter Yes No

I-20 Application Form Yes No

Do you intend to travel outside the U.S. before beginning your studies at LIU Post? Yes No

Dates: _____

If yes, will you apply for a renewal of your visa? Yes No

I hereby grant permission for the information requested to be made available to LIU Post.

Student Signature _____ **Date** _____

PART II: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL ONLY

The above named student intends to transfer to Long Island University-LIU Post Campus for the semester stated. Please complete and return with photocopies of all the student's Forms I-20 by email to post-international@liu.edu. Our campus is located in SEVIS as **Long Island University - LIU Post** and our school code is **NYC214F01742000**.

1. Degree Level/ Major being pursued at your institution. _____

2. Dates of attendance at your institution: From (mm/dd/yy) _____ to (mm/dd/yy) _____

3. Has the student been maintaining full time status at your institution? YES NO

If no, why? _____

If no, what was the last date of attendance? _____ SEVIS Termination date _____

4. Did the student complete the program the I-20 was issued for? YES NO If yes, when? _____

5. Please cite any periods of reduced course level:

Medical: YES No Dates: _____

Academic: YES No Dates: _____

6. Please cite and periods of Employment Authorization:

CPT: YES No Dates: _____

OPT: YES No Dates: _____

Economic Hardship: YES No Dates: _____

STEM OPT: YES No Dates: _____

7. To the best of your knowledge, is the student currently in legal status? YES No

Comments: _____

8. Please indicate the student's transfer release date: _____

Note: If a student is in terminated or completed status or outside the 60 day grace period please speak with a DSO at LIU Post before transferring the record.

Name _____ Title _____

Institution _____ Address _____

E-mail _____ Phone _____

Signature _____ Date _____