

Student Name:

Last First Middle

INTERNATIONAL STUDENT ADMISSIONS OFFICE

LIU Hudson 70 Route 340 Orangeburg, NY 10962 Carolyn.reiter@liu.edu 845-450-5417 845-359-7248 FAX

F-1 STUDENT TRANSFER CERTIFICATION FORM

To the Student: Please sign this form and submit it to the International Student Advisor at the school you currently attend or most recently attended to be completed. Please be aware that you must have on file a Bank Statement and Affidavit of Support for a new I-20 to be issued. All transfer students must visit the International Student Office to receive their new I-20.

Birth Date / /	SEVIS	Numb	er:
I grant permission for the information Office at LIU's Hudson Campus.	reques	ted bel	ow to be released to the International Student Admissions
Signature Date			/ _/
	ertaini		dent has been admitted to Long Island University's this student was in status by completing and returning
1. Was this student authorized by INS	to atte	nd you	r school? _YES NO
2. Was this student enrolled in a full co	ourse o	f study	? YES NO
3. Please indicate the student's last dat	e of att	endanc	re / _/
4. Please indicate the total amount of I	oractica	l traini	ng the student has used while in F-1 Status:
Pre-Completion:	Post C	Comple	tion:
5. Are you a SEVIS approved school?	YES/	NO	
6. Student's SEVIS ID#:			
7. What is the student's release date?	_/	_/	
Comments:			
Name:			Institution:
Title:			Address:
Signature:			Phone: ()

Please Note: We are located in the SEVIS system: Long Island University-Hudson Campus