



## REQUEST FOR F-1 TRANSFER INFORMATION

This form is for applicants currently in the United States in F-1 status. It is to be completed by the Designated School Official of the school the student is currently attending.

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To be completed by the student (*please print*):

Applicant's Name: \_\_\_\_\_  
Family Name (Last)                      Given Name (First)                      Middle

Local Address: \_\_\_\_\_  
Number and Street,      Apt#                      City, State                      Postal Code

*Please sign this form and request that it be completed by the international student advisor/DSO at the school you currently attend. Your admissions file will not be finalized until this form is received. By signing this form, you are granting permission for the information requested below to be forwarded to the Admissions Office at Atlantic Cape Community College, 5100 Black Horse Pike, Mays Landing, NJ 08330.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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To be completed by the Designated School Official:

*This student is applying for admission to Atlantic Cape Community College on an **F-1 Visa**. Please complete this form and return to the Admissions Office at Atlantic Cape. Thank you for your cooperation.*

1. Is the student approved to transfer from your institution? \_\_\_\_\_
2. Anticipated date of graduation/completion of study? \_\_\_\_\_
3. Is the student pursuing a full course of study? \_\_\_\_\_
4. Duration of degree program on original I-20? \_\_\_\_\_
5. Please provide dates for any medical leave, reinstatement, CPT or OPT: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Institution & Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Student's SEVIS # \_\_\_\_\_ SEVIS Release Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_