



SEVIS Transfer Form

Students must fill the top part of this form to request release of your SEVIS record to Fairleigh Dickinson University.

Name: _____

Email / US Phone #: _____ FDU Student ID #: _____

I intend to transfer to **Fairleigh Dickinson University** for the _____ semester at the following campus:

____ Metropolitan Campus school code: NEW214F00010000

____ Florham Campus school code: NEW214F00010001

____ School of Pharmacy school code: NEW214F00010010

I hereby grant permission for the information below to be released to **Fairleigh Dickinson University**.

Student's signature

Date

TO BE COMPLETED BY USCIS DESIGNATED SCHOOL OFFICIAL

The above named student intends to transfer to **Fairleigh Dickinson University** for the semester stated above.

If the SEVIS record is **not active**, please provide the University with the following information so that we may determine the student's eligibility to transfer and email the form to global@fdu.edu. If the record is **active**, this form need not be returned.

Sevis Number: _____ **Sevis Record Release Date:** _____

❖ Was the student registered for a full course of study at your institution?

❖ If yes, please indicate dates of enrollment:

from _____ to _____

Please list dates of authorized reduced course load (s).

from _____ to _____

❖ Student reported to school, but did not attend: yes no

❖ Was the student approved for any periods of practical training?

OPT: Pre Completion/Post Completion (circle one) _____

❖ Has the student ever violated their non-immigrant status? yes (please explain in comments) no

Comments: _____

Name and Title: _____

Institution: _____ Tel: _____

E-mail: _____

DSO Signature

Date