I-20 TRANSFER CERTIFICATION FORM

SECTION 1 (TO THE STUDENT)  
(Please print)
This form will confirm your eligibility for school transfer. Please complete Section 1 of this form. Send the form to International Student Advisor/DSO of your current or former school to complete Section 2.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>M.I.</th>
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Date of Birth: _______________    SEVIS ID Number ____________________________ (see I-20 pg. 1)

With my signature below, I authorize the release of the information requested by Nyack College/Seminary/Graduate Schools.

__________________________________________                               Date: ______/______/______

Signature

SECTION 2 (TO BE COMPLETED BY FORMER SCHOOL DSO)  
Please scan this document to admissions@nyack.edu

The student above has been accepted to Nyack College/Seminary/Graduate Schools. Please request a copy of his/her admissions acceptance letter prior to releasing the SEVIS file.

1. Your school name & SEVIS code ____________________________________________

2. Was the student authorized by USCIS to attend your institution as an F-1 student? Yes _______ No _______

3. Is the student in good standing and eligible to continue at your institution? Yes____ No_____

   If no, please explain: ______________________________________________________________________

4. When did or will the student last attend your school? Month: _______________ Year: ______________

5. Date of “Completion of Studies” as indicated on last Form I-20 issued: ______/______/______

6. Was the student granted “Employment Authorization” while a student at your school? Yes _______ No _______

   If yes, please note periods granted: ____________________________________________

7. Has the student met financial obligations with the institution? Yes _______ No ______

8. Transfer Release Date: ______/______/______  9. Has the student ever been out of status? Yes____ No_____

10. Comments: _____________________________________________________________________________

DSO Name ____________________________ Date: ______/______/______

Signature ____________________________ Title ____________________________

Email: ______________________________ Telephone Number (_______) ______________________

9/2016