

INTERNATIONAL STUDENT IMMIGRATION TRANSFER RECOMMENDATION FORM
NEW YORK CITY CAMPUS

To Be Completed by the Student:

Student Name: _____, _____, _____
Last Name First Name Middle Name

Current School ID#: _____

I intend to transfer to Pace University starting in _____ (semester) _____ (year). I hereby authorize release of the information requested below.

_____/_____/_____
Student Signature / Date Pace #: _____ - _____ - _____

To Be Completed by the Designated School Official (DSO) of Current School:

The student named above has indicated an intention to transfer to Pace University. Please provide the information requested so that the student's eligibility for immigration transfer may be determined.

Is/Was this student authorized by USCIS to attend your institution? Yes No

SEVIS ID #: _____ Release Date: _____

Please indicate the dates of attendance at your school (Semester, Year):

From _____, _____ To _____, _____

Was she/he considered to be pursuing a full course of study at your institution? Yes No

Please cite any periods of practical training: Regular _____ Months Optional _____ Months

In your opinion, is the student eligible for school transfer? Yes No

Comments: _____

Please release the student to PACE UNIVERSITY – PACE UNIVERSITY – NEW YORK CITY

DSO Name: _____ DSO Signature: _____

Title: _____ Institution: _____

Address: _____ Date _____

Tel: _____ Fax: _____ Email: _____

Please return this form with a photocopy of the student's I-20 form(s) to

Undergraduate Admission Office
Pace University
1 Pace Plaza