

TO BE COMPLETED BY THE STUDENT:

Surname: _____ First name: _____

Date of Birth (m/d/y): ____/____/____ SEVIS ID Number: _____

I intend to transfer to Marist College. I hereby grant permission for the information below to be made available to Marist College.

Release date of SEVIS I-20: _____

Signature of applicant: _____ Date: _____

Please submit this form to your current Foreign Student Advisor for completion. Send Marist College a copy of your I-20, Visa and I-94 card.

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL:

The above named student intends to transfer to Marist College.

Please return this form to Attention: Office of Admission

1. When did the student attend your institution? From _____ to _____, or never attended _____.

2. Non-immigrant status: _____

3. If the student has F-1 status, has the student used any periods of CPT or OPT? _____

4. Indicate whether or not this student has used any periods of Reduced Course Load? _____

5. If the student has J-1 status, what is the Exchange Visitor's category: _____

Has the Exchange Visitor used any periods of Academic Training? _____

DSO/PDSO Name: _____ Title: _____

Signature: _____ Date: _____

Email: _____

Institution: _____ Telephone Number: _____

Address: _____

Marist College School Code: NYC214F00268000

DSO: Wendy Fritz@Marist.edu