

F-1 STUDENT TRANSFER TO MONROE UNIVERSITY TRANSFER ELIGIBILITY FORM

First Name

Last Name

Monroe ID #

Physical Address in the U.S. (Building number, street name, apartment/floor/suite number, city, state, and zip)

Email Address

U.S. Cell Phone Number

Academic Program (check one): ☐ ELLI ☐ Certificate ☐ Associate ☐ Bachelor ☐ Master's

SEVIS ID Number (top left corner of I-20): N _____

For which semester have you been accepted to attend Monroe University? Check one & add the year.

☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____

Any current OPT or CPT will end immediately upon the release of your SEVIS record.

Please release my SEVIS record to Monroe University on this date: : ____ / ____ / ____
MM DD YYYY

Student Signature

Date

TO BE COMPLETED BY AN INTERNATIONAL ADVISOR AT YOUR *CURRENT SCHOOL*

Please use Monroe University SEVIS ID# NYC214F00936001. Please scan and email this form to NRStudentServices@monroeu.edu with "Attention: DSO" in the subject line. Thank you!

School Name: _____

Dates of attendance at your school: Start Date: ____ / ____ / ____ Last Attended: ____ / ____ / ____
MM DD YY MM DD YY

- Is the above-named student enrolled in a full-time course of study or otherwise maintaining valid F-1 status at your school? ☐ Yes ☐ No
- If the student is not in valid F-1 status please indicate current SEVIS status: _____, and please contact us prior to releasing the record.
- Was the student authorized for practical training or RCL? ☐ Yes ☐ No
 - OPT authorization dates: _____ to _____
 - CPT authorization dates: _____ to _____
 - Reduced course load dates: _____ to _____ (☐ medical or ☐ academic?)
- Has the student met all financial obligations at your school? ☐ Yes ☐ No

Comments: _____

SEVIS release date for the above-named student: : ____ / ____ / ____
MM DD YYYY

Advisor Name

Advisor Signature

Date

Advisor Email Address

Advisor Phone Number

OFFICE OF STUDENT SERVICES

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