



F-1 STUDENT SCHOOL TRANSFER CERTIFICATION

Instructions to STUDENT: Complete the top section of this form. Then give the form to your International Student Advisor at the school you currently attend. Ask the advisor to complete the form and return it to St. Bonaventure University (SBU) as soon as possible. SEVIS code: BUF214F00246000 St. Bonaventure University Main Campus, St. Bonaventure, New York

Student Name (please print): _____
Last Name/Family Name First Name/Given Name
SBU Student ID # or Social Security #: _____ Expected date of entry to SBU: _____

Please read and sign: I authorize my current International Student Advisor to release the information requested below to the Office of International Studies at St. Bonaventure University.

Signature of Student _____ Today's Date _____

To be completed by International Student Advisor at current school or school last attended. Please complete this form and return it by mail or fax to the address printed below, along with a photocopy of your most recent I-20.

SEVIS School Name: _____ Date SEVIS transfer to be completed: _____

Date of last entry into U.S.: _____ Date of last attendance at your school: _____

To your knowledge, is this student eligible to process a notification transfer of school?
_____ Yes _____ No If not, please explain: _____

Has this student received authorization for Practical Training (PT): _____ Yes _____ No

If yes, please specify: Curricular PT Dates: _____
Full-time or Part-time: _____

Optional PT Dates: _____
Full-time or Part-time: _____

Signature of /Designated School Official _____ Today's Date _____

Name (printed) of Designated School Official _____ Telephone Number _____

PLEASE SEND THIS FORM TO:

**Alice Farris Sayegh, Director, PDSO
International Studies
St. Bonaventure University
Reilly Center 221B
St. Bonaventure, New York 14778
Phone: (716) 375-2574
Fax: (716) 375-7882
asayegh@sbu.edu**