GALLAUDET UNIVERSITY

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Request for F-1 Transfer Information Form
Academic Year 2007 (August 2007- May 2008)

Part I: To Be Completed By Student

NAME: _____ _____ _____
Last Name (Family Name) *First Name* *Middle*

GENDER: (Check one): ☐ Male ☐ Female **DATE OF BIRTH:** _____/_____/_____
(Month) *(Day)* *(Year)*

Semester you plan to enter Gallaudet: ☐ Summer/Fall Semester 2007 ☐ Spring Semester 2008

In accordance with USCIS regulations regarding transfer to schools, I authorize the information requested in Part II below to be released to my SEVIS record.

_____ _____
Signature *Date*

Part II: To Be Completed By the Designated School Official (DSO)

The student named above has indicated his/her intention to transfer to Gallaudet University. Please complete this form and attach a copy of the student's current Form I-20, passport and visa documentation. Return it to the address above. The Gallaudet University school code is **WAS214F00059000**.

☐ The student is/was in lawful F-1 status according to USCIS regulations at this school.

☐ The student is/was not in lawful F-1 status according to USCIS regulations and my records because:

_____

_____

Has the student met all financial obligations? ☐ Yes ☐ No

The student is currently enrolled or was last enrolled in the _____ semester.

The student has been authorized the following Practical Training benefits:

Optional: *Full-time*: ____months _____ days *Part-time*: _____ months _____ days

Curricular: *Full-time*: ____months _____ days *Part-time*: _____ months _____ days

STUDENT'S SEVIS ID #: _____ **Student's Transfer Release Date:** _____

Name of DSO/TITLE: _____

Institution: _____

Phone #: _____ **E-mail:** _____

_____ _____
Signature of DSO *Date*

Please stamp this form with seal of your institution.