

SEVIS TRANSFER ELIGIBILITY FORM

Please Note: This Form is for F-1 Students Transferring from another U.S Institution to BAU

Part 1: To be completed by the student:

Please complete this portion of the form and submit it to the International Student Advisor at your current school.

Name: _____

Date of Birth: _____ (As it appears on your passport) (MM/DD/YYYY)

Program of interest at BAU: _____

Semester of admission to BAU: (Circle one) FALL SPRING SUMMER I SUMMER II / _____ (YEAR)

I request and authorize the DSO at _____ to complete PART 2 of this form and release (Name of the school you are currently attending) the information to BAU.

Student Signature: _____

Date: _____

Part 2: To be completed by the Designated School Official (DSO):

***Please Note:** Upon completion of this document, the students' Acceptance Letter will be processed for the release of their SEVIS record. The above named student intends to transfer to BAU. Your assistance is appreciated in providing the following Information, and signing this form.

The SEVIS code for BAU International University SEVIS code is **WAS214F54910000**.

SEVIS ID of Student: _____ I-20 Expiration: ____/____/____

Dates of Full-time enrollment: ____/____/____ through ____/____/____

Date of graduation/termination of study: ____/____/____ SEVIS transfer release date: ____/____/____

Level of study at your institution: (Circle one) LANGUAGE UNDERGRADUATE GRADUATE

Has the student met his/her financial obligations with your institution: (Circle one) YES NO

Did the student attend another US institution before yours? (Circle one) YES NO

Has the student applied for or received authorization for Off-Campus Employment: (Circle one) Yes NO
YES- specify the type of employments:

Has the student acted in accordance with USCIS regulations: (Circle one) YES NO- please explain:

Please contact the school DSO to confirm acceptance before you release any, "COMPLETED",
"TERMINATED" or "CANCELED" record.

U.S Institution: _____

Phone: _____

Name and title of DSO: _____

E-mail: _____

DSO Signature: _____

Date: _____