PACE UNIVERSITY

INTERNATIONAL STUDENT IMMIGRATION TRANSFER RECOMMENDATION FORM
NEW YORK CITY CAMPUS

To Be Completed by the Student:

Student Name: _____, _____, _____
Last Name First Name Middle Name
Current School ID#:_____

I intend to transfer to Pace University starting in _____(semester)_____(year). I hereby authorize release of the information requested below.

_____/_____ Pace I.D. #: _____-_____-_____
Student Signature / Date

To Be Completed by the Designated School Official (DSO) of Current School:

The student named above has indicated an intention to transfer to Pace University. Please provide the information requested so that the student's eligibility for an immigration transfer may be determined.

Is/Was this student authorized by USCIS to attend your institution? ☐ Yes ☐ No

SEVIS ID #: _____ Release Date: _____

Please indicate the dates of attendance at your school (Semester, Year):

From _____, _____ To _____, _____

Was she/he considered to be pursuing a full course of study at your institution? ☐ Yes ☐ No

Please cite any periods of practical training: Curricular _____Months Optional _____ Months

In your opinion, is the student eligible for school transfer? ☐ Yes ☐ No

Comments: _____

Please release the student to PACE UNIVERSITY – PACE UNIVERSITY – NEW YORK CITY

DSO Name:_____ DSO Signature: _____

Title: _____ Institution: _____

Address: _____ Date: _____

Tel: _____ Fax: _____ Email:_____

Please return this form with a photocopy of the student's I-20 form(s) to:

Undergraduate Admission Office
Pace University
1 Pace Plaza
New York, NY 10038
Phone: (212) 346-1323
Fax: (212) 346-1040