INTERNATIONAL STUDENT IMMIGRATION TRANSFER RECOMMENDATION FORM
**PLEASANTVILLE CAMPUS** **NYC214F00449006**

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. #: _____________________   Release Date:  ____________________________________

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 BCIS 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 — WESTCHESTER— School Code: NYC214F00449006

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:

International Admission Office
Pace University
intladm@pace.edu