

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.

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

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