TRANSFER OF VISA SPONSORSHIP FORM

To be completed by the student:

For students currently studying in the U.S. on an F-1 student visa
Please submit a copy of your I-20 visa, passport and I-94 (white card)

Please complete and give to school official

Name________________________________________ Today’s Date ____________________

Have you submitted your Application for a Form I-20 to this office yet? ___________________

What “release date” have you and your school agreed upon for your records to be transferred to us? Release date: _________________________________________

Do you intend to travel outside the U.S before beginning your studies at Seton Hall University? No □ Yes □ Dates: From _____________________ to ________________________________

If you answered yes above, will you need to apply for a renewal of your F-1 visa to return to the U.S.? No □ Yes □

_________________________________________ _________________________________
Students Signature     Date

To be completed by the international student advisor or designated school official ONLY.

_________________________________________ has recently informed us that he/she intends to transfer to Seton Hall University. In order to process this, please complete the following and mail or fax back to this office. Also include copies of I-20, passport, visa, I-94 card and student’s foreign address.

1. Was he/she a bona fide non-immigrant?    Yes □ No □
2. SEVIS ID Number _______________________ SEVIS release date: ______________________
3. Schools Approved SEVIS Code: ___________________________
4. Was he/she pursuing a full course of study? Yes □ No □
5. What was the level of study at your school?

☐ High School ☐ Undergraduate ☐ Language Training ☐ Graduate/Masters
☐ Graduate/PhD ☐ Other __________________________

6. What date did student last attend ________________________________?

7. Did the student transfer to your program? Yes ☐ No ☐

If so, from what school? ______________________________________

8. Please list any periods of approved curriculum or practical training (CPT/ OPT:)

_____________________________________________________________________________

9. Authorized reduced course loads (Medical/Academic): Explanation of circumstances:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

10. If you think there are any particular academic, social or cultural circumstances that might affect the student’s education, please comment below.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Signature                           Title
_____________________________________________________________________________

Please print your name
_____________________________________________________________________________

Name and Address of your School:
_____________________________________________________________________________

_____________________________________________________________________________

Revised: 11/09/2010