



International Student Office

F-I Student Status Transfer Recommendation Form

Section 1- To be completed by the student: - (enter name as per passport)

Last Name First Name Middle Name

U.S. Address City State ZIP or Postal Code Email Address

I intend to transfer to Suffolk County Community College to the following campus:
[] Ammerman NYC214F00602000 [] Eastern NYC214F00602001 [] Michael J. Grant NYC214F00602002

I grant permission for the information requested below to be forwarded to Suffolk County Community College.

Student's Signature Date

Section 2- To be completed by the International Student Advisor / Designated School Official:

Please provide the following information about the student.

Degree level: Major:

Dates of attendance: From To

Anticipated date of graduation or termination of study:

Has the student completed the program of study which the SEVIS Form I-20 was issued for? Yes [] No []

If yes, when?

Is this student in legal status? Yes [] No [] If not, please explain below:

Authorized Reduced Course Load(s)? Yes [] No [] Type (Medical/Academic) and Date:

Authorized Practical Training? Yes [] No [] Type (OPT/CPT) and Dates:

SEVIS ID Number: Transfer Release Date:

Name of School Official (please print) Email Address

Title School Official's Signature Telephone Number

Name of School Fax Number

School Address City State ZIP or Postal Code

Please send this form via email to international@sunysuffolk.edu or by fax to (631) 451-4708.

IS-TR