



# **UDI CAREER TRAINING INSTITUTE**

## **F-1 Student Transfer Form**

**DATE:** \_\_\_\_\_

**FROM:** UDI Career Training Institute

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**TO: Transfer Student**

**TERM OF TRANSFER:** \_\_\_\_\_

Please **sign** the release of information section of this form and **give it to your foreign student advisor** at The institution you now attend or most recently attended. Please note that the new I-20 from UDI Career Training Institute must be obtained within 60 days of the last date of your full-time attendance at the previous school.

I grant permission for the information requested below to be released to UDI Career Training Institute.

**Name (Please Print):** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**TO: BCIS Designated School Official**

The above-named student has qualified for admission to UDI Career Training Institute. In compliance with BCIS regulations we request confirmation of his/her status at your institution before approving transfer to our school. Please complete the following and return to the address listed above.

**I. CURRENT IMMIGRATION STATUS**

- The student is in good standing and is/has been pursuing a full course of study.
- The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a SEVIS I-20 from UDI Career Training Institute.
- Other: \_\_\_\_\_

**Date of Last Enrollment at your school** \_\_\_\_\_

**II. SEVIS I-20 INFORMATION**

SEVIS ID # \_\_\_\_\_ TRANSFER RELEASE DATE: \_\_\_\_\_

**Please sign and attach business card for further verification. Thank you.**

**Name and Title of DSO:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **School phone:** \_\_\_\_\_

**School Address:** \_\_\_\_\_