



2800 Victory Boulevard
Staten Island, NY 10314
T 718.982.2100 • F 718.982.2108
www.csi.cuny.edu

F-1 STUDENT TRANSFER REQUEST FORM

For the student: Please sign below, which gives your former school permission to transfer your F-1 SEVIS record to the College of Staten Island.

Name Signature Date

For the Designated School Official: The above student intends to transfer to the College of Staten Island/CUNY. Please provide the information below and fax or email it to intstudy@csi.cuny.edu. **Do not transfer any terminated or completed records.**

School from which the student is transferring: _____

Dates of student's attendance:

From: _____
Date

Until: _____
Date

Student's SEVIS identification number: _____

Student's SEVIS transfer release date: _____

Please release the SEVIS record to:

The City University of New York - The College of Staten Island - NYC214F00812018

Practical training (if applicable) Total months/hours

Eligibility for F-1 transfer:

I confirm that, to the best of my knowledge, the above student has maintained F-1 status and is eligible for an F-1 transfer.

Remarks: _____

Name of Designated School Official (DSO) _____

Signature _____

Date _____

