International Student and Scholar Services (ISSS)
Boca Raton Campus: 777 Glades Road SU 80/214, Boca Raton, FL 33431;

Tel: (561) 297-3049 | Email: <a href="mailto:ISSSadmissiondocs@fau.edu">ISSSadmissiondocs@fau.edu</a>

## SEVIS TRANSFER FORM (STF) FOR INTERNATIONAL STUDENTS

Students in F or J visa status transferring from another U.S. institution to Florida Atlantic University (FAU) must complete this form as part of the admission process. ISSS must receive this completed document before issuing the I-20 or DS-2019.

\*\*\*\*Go to the following link for instructions on how to submit this form:
http://www.fau.edu/isss/New\_Student\_Documents.php \*\*\*

PDSO/DSO or A/RO Name and Title (please print)		Signature
		SIGN HERE
Yes No (If no, p)	lease explain)	
Visa status: Currently in valid visa s	status and eligible for SEVIS transfer (	to the best of your knowledge)
Optional Practical Training (list dat	es and pre or post completion authoriz	ation):
Curricular Practical Training (list da	ates and part time or full-time authoriz	ation):
(If no, please explain):		
Last term of enrollment:	Is/was the student i	n good academic standing? YesNo
J-1 holders: Category:	Subject to two-year	home residency requirement: Yes No
Last Date of Entry in the U.S.:	I-94 D/S or expiry date:	
SEVIS ID Number:	Current Visa Status (F or J):	
SEVIS Release Date:	F-1 School Code or	J-1 Program Number:
Address:		
Institution Name:		
SECTION B (To	o be completed by the International	Student Advisor / DSO in current institution)
Signature		Date
requested below.	elow, I authorize my current Internatio	nal Student Advisor / DSO to provide the information
Do you plan to travel outside of the	U.S.? if yes, please explain	n:
Note: Check the university academic	ic calendar for specific start date option	18.
	: Expected semester: fall	
Primary Phone Number:		
Country of Citizenship	Date of Birth (month, day, year)	Current Visa Status
Last Name (Family, Surname)	First Name (Given Name)	Middle Name