F-1 Student Status Transfer Recommendation Form

Section 1 - To be completed by the student:

Family/Last Name: ____________________________ Given/First Name: ____________________________ Middle Name: ____________________________

U.S. Address: __________________________________________ Email Address: __________________________________________

I intend to transfer to Suffolk County Community College’s □ Ammerman □ Eastern □ Michael J. Grant campus for the □ fall □ spring semester. 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 or Designated School Official only:

The student named above intends to transfer to Suffolk County Community College. Please provide the following information about the student. Forward the completed form to the address or fax number below.

Degree level/major: ____________________________ Anticipated date of graduation or termination of study: ____________________________

Dates of attendance: From ____________________________ To ____________________________

Has the student completed the program of study which the 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: ____________________________ Telephone Number: (___) ___-___-___

Title: ____________________________ School Official’s Signature: ____________________________ Fax Number: (___) ___-___-___

Name of School: ____________________________

School Address: ____________________________ City: ____________________________ State: ____________________________ Zip Code: ____________________________

Suffolk County Community College•Central Admissions•International Student Office, Norman F. Lechtrecker Building L12
533 College Road, Selden, NY 11784-2899 USA•Phone: (631) 451-4773 Fax: (631) 451-4708