

**MONMOUTH UNIVERSITY**

**OFFICE OF ADMISSION**

**400 Cedar Avenue**

**West Long Branch, NJ 07764**

**Phone (732) 571-3456 Fax (732) 263-5166**

**REQUEST FOR F-1 TRANSFER INFORMATION**

**SEVIS SCHOOL CODE NEW214F00259000**

**Instructions to Applicants:** If you are a **non-immigrant** student and are currently attending or have attended a university or college in the United States, you must submit this report to the international student advisor at your current school or last school you attended. Please complete the information requested below and return it to the letterhead address as soon as possible. Thank you.

**Name (printed):**

\_\_\_\_\_

**Last (Family)**

**First**

**Middle**

**Current Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**INS Admission Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This section is to be completed by the international student advisor.**

- The student is in lawful F-1 status according to INS regulations.**
- The student is not in lawful F-1 status according to INS regulations. My records indicate that the reason is**

\_\_\_\_\_  
\_\_\_\_\_  
(Please enclose any information you have available that would be helpful in a reinstatement application.)

The student was last enrolled in the \_\_\_\_\_ Semester. Transfer Release Date \_\_\_\_\_

The student has been authorized the following Practical Training benefits.

OPTIONAL: Full-time: \_\_\_\_\_ months \_\_\_\_\_ days Part-time: \_\_\_\_\_ months \_\_\_\_\_ days

CURRICULAR: Full-time: \_\_\_\_\_ months \_\_\_\_\_ days

Please provide a copy of the student's Form I-20 if available. Thank you.

\_\_\_\_\_  
Name and Title of Advisor

Signature of Advisor

Date

\_\_\_\_\_  
Advisor Phone

Advisor Email

\_\_\_\_\_  
Name and Address of Institution

\_\_\_\_\_