Suffolk
COUNTY COMMUNITY COLLEGE

Central Admissions
International Student Office

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 _____

IS-TR