

SEVIS Transfer Request

PART 1 (To be completed by the International Student)

Last Name:	First Name:
Date of birth:	Program Start Date:
Student SEVIS ID# N _ _ _ _ _	
<i>I authorize my current Designated School Official (DSO) to release the information requested in Part 2 of this form to South Florida Bible College & Theological Seminary.</i>	
Student Signature: _____ Date: _____	
Last Date of Class Attendance: ___/___/___ (mm/dd/yyyy)	
Requested Transfer Date: ___/___/___ (mm/dd/yyyy)	
Transfer from School Name: _____	

PART 2 (To be completed by your current School Official or DSO)

Date student started studies: ___/___/___ (mm/dd/yyyy)		
Date student ended/will end studies: : ___/___/___ (mm/dd/yyyy)		
Has student maintained his/her non-immigration status? [] YES [] NO		
Is the student eligible to continue studies at your institution? [] YES [] NO		
If no, explain: _____		
Off-campus employment authorization? [] YES [] NO		
If yes, what kind and dates? _____		
Previous authorization for reduced course load? [] YES [] NO		
If yes, what kind and dates? _____		
Evaluation of English proficiency: [] Excellent [] Good [] Fair [] Poor		
Signature of School Official (DSO): _____		
Print Name:	Phone#:	Date: ___/___/___

Please return this form to South Florida Bible College & Theological Seminary
2200 SW 10th St, Deerfield Beach, FL 33442
Fax: 954-719-3780 E-mail: ssilva@sfbc.edu

