

F-1 student applicants transferring the I-20 from an institution in the United States (U.S.) to South Florida Bible College (SFBC) must complete this form as part of the application process to verify the student's F-1 immigration status. This form does not constitute proof of acceptance. The student will complete *Part 1* and give the form to the Designated School Official (DSO) at the current school to complete *Part 2*. The completed form must be sent by email to the International Student Services Department (ISSD) at issd@sfbc.edu.

NOTE TO STUDENT: Once the I-20 is released to SFBC, after acceptance, any authorized employment and/or remaining Optional Practical Training (OPT) will end. It will take a couple weeks for the transfer I-20 to be processed. Students need to plan in advance in case there is a need to obtain the I-20 to travel, renew the driver's license or for another reason.

PART 1 - To be completed by the International Student:

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Program Start Date: ____/____/____

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.

Student Signature: _____ Date: _____

PART 2 - To be completed by the Designated School Official (DSO): This form is to be emailed to issd@sfbc.edu. DSO, please do not release the I-20 to SFBC until the student provides an acceptance letter. This form is only to acknowledge the student's current F-1 status at your institution, and it does not constitute acceptance nor approval to transfer.

Student SEVIS ID# N _ _ _ _ _

Date student started studies: ____/____/____ Date student ended/will end studies: ____/____/____ (MM/DD/YYYY)

Has student maintained non-immigration status? 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, state reason and dates: _____

SEVIS Transfer Release Date: ____/____/____ (MM/DD/YYYY) OR Upon Acceptance

Evaluation of English proficiency: Excellent Good Fair Poor

Comments: _____

Name of DSO Title Email

Name of Institution Address (City, State and Zip Code)

PDSO/DSO Signature Phone Number Date (MM/DD/YYYY)