

F-1 STUDENT TRANSFER AUTHORIZATION

For students transferring into Houghton

SECTION A

To be completed by the student

Name: _____ Date of Birth: _____
*Please enter **exactly** as it appears on your passport* *Month/Day/Year*

Email: _____ Program of Study: _____

I intend to begin studies at Houghton College in the Fall / Spring semester of 20____

I hereby authorize the transfer of my SEVIS record to Houghton College.

Signature: _____ Date: _____

SECTION B

To be completed by DSO at current institution

The above student has been admitted to Houghton College. Please complete the following information and mail or fax it to the address below. Houghton's school code is: BUF214F00070000. Thank you!

Name of School: _____

Address: _____

Dates of Attendance: _____ to _____ Current Program End Date: _____

SEVIS ID #: _____ SEVIS Release Date: _____ I-94 Admission #: _____

Please list the dates of any previous OPT or CPT work authorization:

To the best of your knowledge is the above student currently "in status" and eligible for a transfer? _____

Has the student continually maintained a full course of study and made reasonable academic progress? _____

Signature: _____ Date: _____

Name and Title of DSO: _____

Phone Number: _____ Email: _____