

F-1 TRANSFER CERTIFICATION

Please submit **ONLY** if you are currently in F-1 student status. If you have never studied at a US institution before, please **DO NOT** submit this form.

Part 1: To be completed by transferring student

I was studying at _____ (school name) in the US within 5 months of starting at PrattMWP. I intend to transfer to PrattMWP. I grant permission for the information requested below to be forwarded to my International Student Advisor at PrattMWP.

Name _____
 Date of Birth (mm/dd/yyyy) _____
 Major _____
 Signature of Student _____
 Today's Date _____
 Telephone _____
 Email _____

Part II: To be completed by International Student Advisor at previous institution.

Dear International Student Advisor:
 The named student intends to transfer to PrattMWP College of Art and Design (BUF214F10380000). Please complete this form on the student's status while at your institution. Please fax this document to the following number: Fax: +1 (315) 797-9349 or mail to:

PrattMWP College of Art and Design
 Office of Admissions
 310 Genesee Street
 Utica, NY 13502

Student's name per your files (surname, given name) _____

Has student been pursuing a full course of study?

Yes No

If no, please comment: _____

SEVIS ID number: _____

SEVIS Release date: _____

*Please attach a copy of the transfer authorization.

Did DHS authorize student to attend your institution?

Yes No

If no, please comment: _____

Did student attend another US institution before yours?

Yes No

If yes, please comment _____

Did the student maintain F-1 status while at your institution? Yes No

If no, please comment _____

Level of study at your institution:

High School Undergraduate
 Language Training Other _____

Dates student attended your institution:

From _____ To _____

Studies completed?

Yes No,

If no, please comment _____

Has student been granted work authorization?

No Yes, type of work authorization
 Optional Practical Training
 Curricular Practical Training
 Other, please comment _____

From _____ To _____

Expected completion date on Form I-20 from your institution. _____

Please share any info you feel is relevant or appropriate _____

Institution _____

School Code _____

Institution Address _____

Name of International Student Advisor _____

Signature _____ **Date** _____

Title _____

Phone _____

Email _____

