

The City University of New York
Herbert H. Lehman College
International Student Advisor
Shuster Hall/Room 210
250 Bedford Park Blvd. West
Bronx, N.Y. 10468

Telephone: 718-960-7274

Fax: 718-960-8243

Request for F-1 Transfer Information

Part 1: To be completed by student.

This is to inform you that I intend to transfer to Lehman College in the Fall 200____ or the Spring 200____ term.

Student name: _____

Last/family

First

Middle

Signature: _____ Date: _____

SEVIS #: N _____

Part 11: To be completed by designated school official at current school.

SEVIS Transfer Release Date: _____

_____ *The student is in lawful F-1 status according to INS regulations.*

_____ *The student is not in lawful F-1 status according to INS regulations.*
Please give reason _____

The student was last enrolled: _____

The student has been authorized the following Practical Training benefits.

Optional: Full-time: _____ Dates: _____

Part-time: _____ Dates: _____

Curricular: Full-time: _____ Dates: _____

Part-time: _____ Dates: _____

Signature of DSO: _____

Print Name: _____

School Name: _____ Telephone # _____

Address: _____ Date: _____