

F-1 TRANSFER INFORMATION FORM

This form is required for transfer students applying to Brookdale who: 1) are currently in F-1 status, and 2) have a SEVIS record.
PLEASE TYPE OR PRINT IN BLOCK LETTERS

INSTRUCTIONS: Please complete PART I and then give this form to an International Student Advisor at your current institution.

New Students: Upload to your Brookdale application portal

<https://brookdalecc.elluciancrmrecruit.com/Apply/Account/Login?ReturnUrl=%2fApply>

All Others: Upload to <https://mappingyourfuture.org/MappingXpress/BrookdaleINTL/> | Enter the passcode INTL2799

PART I – To Be Completed by Student

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Phone: (____) _____ - _____ E-mail: _____
Month Day Year

I intend to transfer to Brookdale (Check one box and include year): Spring 20 Fall 20

Current Mailing Address: _____

I authorize the release of the following information from my current institution to Brookdale Community College.

Signature: _____ Date: _____

PART II – To Be Completed by International Student Advisor/ Designated School Official

The above student intends to transfer to Brookdale for the semester above. Please answer the questions in PART II to verify the student's F-1 immigration status. This form is only for information purposes. **Do not release SEVIS records until student has provided a copy of an acceptance letter from the Brookdale International Education Center.**

1. Student SEVIS ID: _____

2. Dates of Attendance ____/____/____ to ____/____/____
Month Day Year Month Day Year

3. F-1 Completion Date on I-20: ____/____/____
Month Day Year

4. Is the student in status with respect to F-1 immigration regulations? Yes No

If No, please explain circumstances: _____

5. Has this student ever been granted Optional Practical Training? Yes No

If Yes, please indicate dates: ____/____/____ to ____/____/____
Month Day Year Month Day Year

6. If admitted to Brookdale, what will be the SEVIS release date? ____/____/____
Month Day Year

SEVIS School Code: Brookdale Community College - NEW214F10749000

Signature of Person Completing Part II: _____

Name and Title of Designated School Official Completing this Form: _____

Name of Institution: _____

Address of Institution: _____

Date: ____/____/____ Phone: (____) _____ - _____ E-mail: _____
Month Day Year