

Intensive English Center
E5320 Melville Library
Stony Brook, NY 11794-3390
631-632-7031 Fax: 631-632-6544
E-mail: iec@stonybrook.edu
Website: www.stonybrook.edu/iec



F-1 STUDENT ELIGIBILITY TO TRANSFER REPORT

TO BE COMPLETED BY STUDENT:

NAME: _____ (please print)	SEVIS ID#: _____
I intend to transfer to the Intensive English Center (IEC) at the Stony Brook University for the _____ semester. I hereby grant permission for the information requested below to be made available to the IEC.	
SIGNATURE: _____	DATE: _____

TO BE COMPLETED BY THE FOREIGN STUDENT ADVISOR:

The student named above is applying for admission to the Intensive English Center at Stony Brook University. **This information is requested to help us determine the student's eligibility to transfer. We are not asking for the student to be transferred out at this point.** We would appreciate your answering the following questions and returning the report to the address above.

- How long has the applicant been at your institution? _____
- Was the applicant pursuing a full course of study? Yes No
- Has the applicant met all financial obligations at your institution? Yes No
- Is the applicant eligible to continue at your institution? Yes No
If no, please explain: _____
- Applicant's last date of attendance at your school: _____
- Anticipated transfer release date in SEVIS: _____

***Please notify our office if applicant's status in SEVIS is "Terminated." DO NOT transfer out.**

SEVIS RELEASE INFORMATION
School Name: State University of New York at Stony Brook **Code:** NYC214F00653000

Please use this space for any comments you wish to make about this applicant:

Name of DSO (please print): _____ **Signature:** _____

If not DSO, print name and title: _____

Date: _____ **Phone:** _____ **E-mail:** _____

Name and Address of Institution: _____

