

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



F-1 STUDENT TRANSFER REPORT

TO BE COMPLETED BY STUDENT:

NAME: _____ <small>(please print)</small>	DATE OF BIRTH: ____/____/____
<p>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.</p>	
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 would appreciate your answering the following questions and returning the report to the address above.

1. Student's SEVIS ID#: _____
2. Transfer release date in SEVIS: _____
3. How long has the applicant been at your institution? _____
4. Was the student pursuing a full course of study? Yes No
5. What was the applicant's last date of attendance at your school? _____
6. Has the applicant met all financial obligations at your institution? Yes No
7. Is the applicant eligible to continue at your institution? Yes No
If no, please explain: _____
8. I recommend this student for transfer: Yes No

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's candidacy:

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

If not DSO, print name and title: _____

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

Name and Address of Institution: _____

