

International Student Transfer In Authorization

This form is for the exclusive use of F-1 academic students currently studying in a United States educational institution of higher learning. Upon acceptance, Marywood University requires the following information from you and a Principal Designated School Official (PDSO) or Designated School Official (DSO) at your current school. Upon the specified release date, Marywood University will be granted unrestricted access to your record in SEVIS and will be responsible for the supervision of said record. A transfer request may not be cancelled by the current school after the release date. Marywood University must complete the transfer of the student's record in SEVIS and may issue a Certificate of Eligibility for Non-Immigrant Student/Form I-20 A-B.



All information is required and must be printed or typed.

Student Information (to be completed by the student)

Legal Name: Last First Middle Maiden/Former

Date of Birth: ____/____/____
Month Day Year

I plan to enter Marywood in the: ☐ Fall of 20__ ☐ Spring of 20__ ☐ Summer of 20__

SEVIS ID number (must be eleven digits): _____

Marywood University

Office of the Registrar

Designated School Official for

Immigration Matters

2300 Adams Avenue

Scranton, PA 18509

Phone: (570) 340-6054

Fax: (570) 961-4758

E-mail: registrar@marywood.edu

Website: www.marywood.edu

Student Statement of Certification and Authorization to Release Information

I affirm that the information provided above is accurate and complete. I authorize my current PDSO, DSO, or ARO to complete the section below and to transfer the supervision of my current non-immigrant status to Marywood University.

Signature of Student

Date

Institutional Information (to be completed by the PDSO, DSO, or ARO)

The above named student has been accepted to Marywood University. In compliance with USCIS regulations effective May 22, 1987, we request confirmation of student status at your institution before approving a transfer to Marywood University.

Is the student in status and eligible to transfer to Marywood University without departing the United States? ☐ Yes ☐ No

If you selected *NO*, please briefly explain the student's circumstances. Our office may contact you if further information or clarification is required.

What level of study was the original Certificate of Eligibility/Form I-20 A-B issued for? _____

What will be/was the student's last date of attendance at your school? ____/____/____

Was the student authorized for Curricular Practical Training (CPT) and/or Optional Practical Training (OPT)? ☐ Yes ☐ No

Curricular Practical Training (CPT) _____
Start and end dates Full or part time Degree level

Optional Practical Training (OPT) _____
Start and end dates Full or part time Degree level

Transfer Release Date: ____/____/____

PDSO, DSO, or ARO Statement of Certification

I affirm that the information provided on this form is accurate and complete to the best of my knowledge.

Name of School Official

Signature of School Official

Title of School Official

Date

(____) _____ - _____
Area code, phone number, and extension

____@_____
E-mail address

Please return this form by mail or fax using the information provided in the masthead.

Marywood University, in accordance with applicable provisions of federal law, does not discriminate on grounds of race, color, national origin, sex, age, or disability in the administration of any of its educational programs or activities, including admission, or with respect to employment. Inquiries should be directed to Dr. Patricia Dunleavy, Assistant Vice President for Human Resources, Coordinator for Act 504 and Title IX, Marywood University, Scranton, PA 18509-1598. Phone: (570) 348-6220 or e-mail: Dunleavy@marywood.edu