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)				Office of the Registrar
Legal Name: Last	First	Middle	Maiden/Former	Designated School Official for Immigration Matters
	1			2300 Adams Avenue
Date of Birth:/	Year			Scranton, PA 18509
I plan to enter Marywood in	n the: □ Fall of 20	□ Spring of 20_	□ Summer of 20	Phone: (570) 340-6054 Fax: (570) 961-4758
SEVIS ID number (must be eleven digits):				E-mail: registrar@marywood.edu
Student Statement of Certification and Authorization to Release Information Website: www.marywood.edu				
I affirm that the information section below and to transfer				O, DSO, or ARO to complete the versity.
ignature of Student Date			Date	
Institutional Informat	ion (to be completed b	y the PDSO, DSO	, or ARO)	
The above named student has request confirmation of stude				tions effective May 22, 1987, we ersity.
Is the student in status and	-		-	•
If you selected <i>NO</i> , please clarification is required.	briefly explain the stude	ent's circumstance	s. Our office may contact y	ou if further information or
What level of study was the	e original Certificate of	Eligibility/Form 1	-20 A-B issued for?	
What will be/was the stude	nt's last date of attenda	nce at your school	?/	
Was the student authorized	for Curricular Practical	Training (CPT) a	nd/or Optional Practical Tr	aining (OPT)? □ Yes □ No
Curricular Practical Training	ng (CPT)			
	Start and end date	s	Full or part time	Degree level
Optional Practical Training	(OPT)			
	Start and end date	s	Full or part time	Degree level
Transfer Release Date:	/			
PDSO, DSO, or ARO St I affirm that the information			plete to the best of my knowl	edge.
Name of School Official	Signature of Scho	ol Official	Title of School Official	Date
()			@	
Area code, phone number, and ext	tension	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