



A.4 Student Transfer into The College of the Florida Keys

This form should be completed by F-1 students wishing to transfer to CFK from another institution. This form should be submitted to the school you now attend or most recently attended no later than 30 days before the date of transfer and no later than the ending date on the current I-20. Please return to internationalstudents@cfk.edu

TO BE COMPLETED BY THE STUDENT

I grant permission for the information requested below to be released to The College of the Florida Keys.

Last Name: _____ First Name: _____

Student ID#: _____ Date of Birth (MM/DD/YY): _____

Current Local Address: _____

Current Telephone: _____ E-mail address: _____

I request a transfer from:

Name of Institution: _____ Address: _____

Previous International Student Advisor or POC: _____

*Student Signature: _____ Date: _____

** I understand that I must report to the International Student Advisor with the new program sponsor within 10 days after arriving at the new location. If I do not report within 10 days, I understand that my SEVIS record will be terminated, and I may be out of status.*

TO BE COMPLETED BY A DESIGNATED SCHOOL OFFICIAL

SEVIS ID#: _____ Country of Citizenship: _____ Current Type of Visa: _____

I-94 Admission No. _____ I-94 Expiration Date: _____ Date of US Entry: _____

Type of Visa held at Entry: _____ Last Attendance Date at Previous School: _____

Date Student Will Be Released in SEVIS: _____

To the best of your knowledge, is the student currently in good standing according to INS regulations?
____ Yes ____ No If no, please explain: _____

Please indicate the dates of any practical training (curricular or optional) in which the student has participated: Curricular: _____ Optional: _____

I hereby certify the preceding information to be correct:

Name and Title of DSO completing this form

Signature

Name of Institution

Date