



**MONTCLAIR  
STATE  
UNIVERSITY**

# TRANSFER-IN FORM FOR F-1 STUDENTS

**INTERNATIONAL SERVICES**  
GLOBAL EDUCATION CENTER

### This Section To be Completed by Student

Please complete the top portion of this form and have the bottom portion completed by the International Student Advisor at the School you currently attend or most recently attended.

Name: \_\_\_\_\_  
*Last Name* *First Name*

Semester you intend to enroll at Montclair State University: Fall  Spring  Year: \_\_\_\_\_

**By signing this form I grant permission for the information requested below to be forwarded to Montclair State University.**

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Date*

### This Section To be Completed by the Designated School Official Only

Montclair State University can be identified in SEVIS as "**Montclair State University**" for F-1 students

Student's SEVIS ID #: \_\_\_\_\_ Release Date: \_\_\_\_\_

Date student began study at your institution: \_\_\_\_\_ Last date of attendance: \_\_\_\_\_

**Check all that apply:**

The student is in good standing and is/has been pursuing a full course of study

The student is not in good standing and/or has not been pursuing a full course of study

Other: \_\_\_\_\_

List any periods of Optional Practical Training, Curricular Practical Training, or academic training:

Type of training or employment: \_\_\_\_\_ Dates (From): \_\_\_\_\_ (To): \_\_\_\_\_

Type of training or employment: \_\_\_\_\_ Dates (From): \_\_\_\_\_ (To): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
*Name and Title of PDSO/DSO/RO/ARO*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Institution*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Telephone Number*

Please mail or fax the completed form to:

International Services  
Montclair State University  
22 Normal Avenue  
Montclair, NJ 07043  
Fax: 973-655-7726