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