Transfer-In Form

PART A: 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 ____________________________ Phone Number ____________________________ Date ____________

PART B: To Be Completed by 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 ____________________________ Signature ____________________________ Date ____________

Name of Institution ____________________________ Email Address ____________________________ Phone Number ____________________________

Email form to: intserv@montclair.edu