TRANSFER INFORMATION FORM VERIFICATION OF ATTENDANCE FOR F-1/J-1 STUDENTS

If you are currently attending, or have attended, a school in the United States on either an F-1 or J-1 status, please complete this section and submit it to your current International Student Advisor.

Part 1: This section to be completed by applicant:

I, ___________________________________________, plan to attend NJIT beginning the ______________ semester.

First Name         Last (Family) Name

SEVIS ID#  ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
NJIT ID or Social Security Number  ___ ___ ___-___ ___-___ ___ ___ ___
OPT dates (if any) _______________ to ________________
Transfer Release Date (obtained from the International Student Advisor at your current school) ______________

Current U. S. Address      Foreign Address in Home Country
__________________________________________  ________________________________________
__________________________________________  ________________________________________
__________________________________________  ________________________________________

Current Telephone Number  ___________________  E-mail  __________________________________

I authorize my current school to release information related to my non-immigrant status and to release me to NJIT on the above Transfer Release Date.

Signature ________________________________ Date  _____________________________

Part 2: This section to be completed by your current International Student Advisor:

The above-mentioned student has been admitted to NJIT. BCIS regulations require confirmation that he/she has been maintaining valid non-immigrant status at your institution before transfer to NJIT can be approved. Please complete the following and return this letter to:

_____ The student is in valid F-1/J-1 status and is eligible for a transfer notification.
_____ The student is out of status:  
          A reinstatement to student status is pending. (Copies of documents filed with the BCIS/U.S. DOS)
          The student is out of status, and has been advised that a reinstatement will be required upon issuance of a new I-20/DS-2019 from NJIT
_____ Other:  ___________________________________________________________________________

Has the student been authorized to drop below full-time during the current degree? Yes/No (circle one)

Please list dates of all previously authorized periods of employment (for F-1 only):
Curricular Practical Training  ________________   Optional Practical Training  __________________

Academic Training (for J-1 only):  ______________________________________

"[A]lternate [R]esponsible [O]fficer" completing this form

Signature

Name of Institution

Office of University Admissions
New Jersey Institute of Technology
323 Dr. ML King Blvd
Newark, NJ 07102

E-mail Address

Fax:  1-973-596-3461
Phone:  1-800-925-NJIT
School Code:  NEW214F00245000