

INTERNATIONAL STUDENT IMMIGRATION TRANSFER RECOMMENDATION FORM NEW YORK CITY CAMPUS

To Be Completed by the Studen	t :		
Student Name: Last Nam Convert Salva LID#		77	,
Current School ID#:	ne	First Name	Middle Name
I intend to transfer to Pace Univer release of the information requests	ed below.		
	/	Pace I.D. #:	
Student Signature	/ Date		
To Be Completed by the Designa	ated School Offic	cial (DSO) of Current So	chool:
The student named above has indi requested so that the student's elig	ibility for an imn	nigration transfer may be	determined.
Is/Was this student authorized by	USCIS to attend	your institution?	Yes □ No
SEVIS ID #:	Release D	Oate:	
Please indicate the dates of attenda	ance at your scho	ol (Semester, Year):	
From,,	To),	
Was she/he considered to be pursu			
Please cite any periods of practica	l training: Cur	ricularMonths	Optional Months
In your opinion, is the student elig	ible for school tra	ansfer? □ Yes	\square No
Comments:			
Please release the student to PA	CE UNIVERSIT	Y – PACE UNIVERSIT	ΓY – NEW YORK CITY
DSO Name:		DSO Signature:	
Title:		Institution:	
Address:		D	Pate:
Tel:	Fax:	Email:	

Please return this form with a photocopy of the student's I-20 form(s) to:

Undergraduate Admission Office Pace University 1 Pace Plaza New York, NY 10038 Phone: (212) 346-1323

Fax: (212) 346-1323 Fax: (212) 346-1040