

MERCY COLLEGE
INTERNATIONAL STUDENTS OFFICE
555 Broadway – Main Hall 212
Dobbs Ferry, N.Y. 10522
Phone: 914-674-7284
Fax: 914-674-7633

INTERNATIONAL STUDENT SCHOOL TRANSFER INFORMATION

If you are an international student that is transferring from another school within the United States, it is important that you do the following:

1. On the attached sheet, please complete Part I and then give it to your international advisor at the school you are leaving and have them complete Part II. Upon completion, please have your advisor mail/fax it to Mercy College.
2. Please bring the following to the International Students Office at Mercy College:
 - i) **I-20 Eligibility Form;**
 - ii) **Copy of your Passport and I-94;**
 - iii) **Copies of any I-20's you have from any previous schools you have attended in the U.S.;**
 - iv) **Notarized Affidavit of Support with the necessary financial documentation, and;**
 - v) **Proof of paid first semester's tuition and the registration & international student fees.**

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REQUEST FOR F-1 TRANSFER INFORMATION

PART I: TO BE COMPLETED BY STUDENT

THIS IS TO INFORM YOU THAT I INTEND TO TRANSFER TO MERCY COLLEGE IN THE _____ SEMESTER OF 20____. PLEASE COMPLETE THE INFORMATION REQUESTED BELOW AND RETURN/FAX IT TO THE ABOVE-MENTIONED ADDRESS/FAX NUMBER AS SOON AS POSSIBLE.

Name:

Signature: Last/Family First Middle

SEVIS ID # _____ Date: _____

PART II: TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

The student is in lawful F-1 status according to DHS regulations.

The student is not in lawful F-1 status according to DHS regulations and my records show for the following reason(s):

I am enclosing any information I have available that would be helpful in a reinstatement application.

The student was last enrolled in the _____ Semester.

The student has been authorized the following Practical Training benefits:

OPTIONAL: Full-Time: _____ months - Part-Time: _____ months

CURRICULAR: Full-Time: _____ months - Part-Time: _____ months

Has the student been authorized to a **Reduced Course Load (RCL)**: _____ (yes/no).
(Specify Reason and length of RCL)

Signature of Designated School Official Date

Name School Phone