



# TRANSFER CERTIFICATION FORM

### To be completed by the student:

Student's Name \_\_\_\_\_  
(Family) (First) (Middle)

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

I intend to transfer to Salem State College for the \_\_\_\_\_ Semester. I grant permission for the release of information requested below to be forwarded to SSC and request that my SEVIS record be released to Salem State College, BOS214F00503.000.

Student's Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

### To be completed by the Designated School Official

The student named above intends to transfer to Salem State College. Please provide the information requested concerning the status of this student at your institution.

1. Is this student authorized to attend your institution?  Yes  No

2. What is the student's SEVIS Id # ? \_\_\_\_\_

3. What is the student's SEVIS "Transfer Release Date"? \_\_\_\_\_

4. To the best of your knowledge is the student currently maintaining legal F-1 status under the regulations of the USCIS?  Yes  No If "no", please explain \_\_\_\_\_

5. Did this student meet all financial and other obligations at your institution?  Yes  No

6. If "No" please explain: \_\_\_\_\_

7. Has this student been pursuing a full course of study?  Yes  No

8. Please indicate the student's dates of attendance at your school \_\_\_\_\_ to \_\_\_\_\_

9. Please cite periods of practical training. Curricular: total months \_\_\_\_\_  
Optional: total months \_\_\_\_\_

10. Please make any other comments, which you feel would be appropriate: \_\_\_\_\_

Signature of Designated School Official \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Telephone# \_\_\_\_\_

**Please return to: Salem State College, Center for International Education, 352 Lafayette Street, Salem, MA 01970. Fax# (978) 542-7104. Phone# (978) 542-6351**