



F-1 INTERNATIONAL STUDENT TRANSFER REPORT

This form is only for applicants currently studying in the United States in F-1 status.

To be completed by the Student:

Name _____

Current Address _____

I -94 # _____

I grant permission for the information below to be forwarded to the Coordinator of International Student Services at Mercer County Community College.

Signature of Student

Date

To be completed by the International Student Advisor:

1) Is the student currently in F-1 status at your institution? _____

2) SEVIS I.D. of the student _____

3) Has the student maintained full-time status? _____

4) Has the student made reasonable academic progress? _____

5) Is the student currently attending your school? ___ Yes ___ No

6) Has the student fulfilled all financial obligations at your school? ___ Yes ___ No

7) Is the student eligible to continue at your institution? ___ Yes ___ No

If no, please explain.

8) How many months of practical training has this student completed?

Curricular Practical Training ___ months Optional Practical Training ___ months

9) Are there any special circumstances regarding this student's status? ___ Yes ___ No

If yes, please explain.

Printed Name of Advisor

Signature of Advisor

Date

College/University _____

Address _____

Phone _____ Fax _____ Email _____

Return this form to:
Savita Bambhrolia, Coordinator
International Student Services
P.O. Box B
Trenton, NJ 08690
Or
Fax: (609) 890-0471
Phone: (609) 586-4800 x3438