



**TRANSFER RECOMMENDATION FORM**

Only students who have been attending school in the United States under the F-1 status need to submit this form. Please complete and sign the top section. Then ask the Designated School Official at your current school to complete the bottom section. **Please note we will not be able to issue an I-20 until the transfer release date indicated on this form. Once the transfer release date has been reached, Bergen Community College will have access to your SEVIS record.**

**TO BE COMPLETED BY THE F-1 STUDENT**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name (Family name) (First name) (Middle) Date of Birth

Admissions Number (from your I-94 card): \_\_\_\_\_ SEVIS ID# \_\_\_\_\_

Mailing address in the U.S.: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number in the U.S.: \_\_\_\_\_

Student's current email address: \_\_\_\_\_

I intend to transfer to Bergen Community College for the \_\_\_\_\_ semester of \_\_\_\_\_ (year).

\*\*I hereby grant permission for the intended request to be made available to Bergen Community College.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL**

The above named student intends to transfer to Bergen Community College for the semester above. Please answer all questions based on the term immediately preceding the transfer or the last semester preceding a vacation or authorized practical training.

1. Current non-Immigrant Status \_\_\_\_\_

2. Degree level being perused at your institution \_\_\_\_\_

3. Student's last date of attendance at your institution \_\_\_\_\_

4. Has the student been maintaining full-time status at your institution?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

5. To the best of your knowledge, is the student currently in legal status?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

6. If the student is in SEVIS, please provide the SEVIS ID#: \_\_\_\_\_

7. Please indicate the student's transfer release date: \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

INSTITUTION \_\_\_\_\_ TEL# (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**\*Please return this form with a copy of the student's I-20 via fax or mailing address above.**