

INTERNATIONAL STUDENT IMMIGRATION TRANSFER RECOMMENDATION FORM **NEW YORK CITY CAMPUS** NYC214F00449000

To Be Completed by the Student:			
Student Name:,	,,		_
Last Name Current School ID#:	First Name	Middle Name	
I intend to transfer to Pace University starting in _ release of the information requested below.	(semester)	(year). I hereby au	thorize
//	Pace I.D. #: <u>U</u>		_
To Be Completed by the Designated School Off	icial (DSO) of Current School	:	
The student named above has indicated an intention requested so that the student's eligibility for an im-			formation
s/Was this student authorized by USCIS to attend your institution?		Yes No	
SEVIS ID #: Release D	ate:		
Please indicate the dates of attendance at your scho	pol (Semester, Year):		
From,	To,		
Was she/he considered to be pursuing a full course	e of study at your institution?	Yes	No
Please cite any periods of practical training:	CurricularMonths	Optional	Months
In your opinion, is the student eligible for school t	ransfer? Yes	No	
Comments:			
Please release the student to PACE UNIVERSI	TY — NEW YORK CITY – S	chool Code: NYC21	4F0044900
DSO Name:	DSO Signature:		_
Title:	Institution:		
Address:	Date: _		_
Tel· Fax·	Em	ail:	

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

International Admission Office Pace University intladm@pace.edu