

Name of Institution

ROUKEMA CENTER FOR INTERNATIONAL EDUCATION

505 Ramapo Valley Road, ASB 123H, Mahwah, NJ 07430-1680 Phone (201) 684-7567 Fax (201) 684-7989 www.ramapo.edu/international

F-1 STUDENT TRANSFER-IN FORM

| FROM: RE: | Office of International Student and Scholar Services Request for Transfer to Ramapo College | | |
|---|---|--|-------------------------------|
| | | below and give this form to a Dent Advisor at the school you no | |
| I grant permissio | on for the information request | ed below to be released to the R | Camapo College of NJ. |
| Student's Name | (Please Print) | Student's Signature | Date |
| | | | ********** |
| THIS SECTI | ON TO BE COMPLETE | ED BY DESIGNATED SC | HOOL OFFICIAL ONLY |
| USCIS regulation student's current International St | ns, the International Student an status for transfer to Ramapo (| d Scholar Services requests con College. Please complete the fo t <u>201-684-7989</u> , along with a co | llowing and <u>fax</u> to the |
| 1. Dates of enroll | ment at your institution: | to | |
| | s in good standing and is/has b | een pursuing a full course of stu as <u>not</u> been pursuing a full cour | |
| | | cular practical training, optional | |
| 4. Is the student of | currently in SEVIS? | _YesNo | |
| If yes, please rel 214F00755000 f | | cord to "Ramapo College of Ne | ew Jersey" School Code |
| Indicate "release | date" entered in SEVIS: | Student's | SEVIS ID: |
| Name & Title of PDS | SO/DSO Completing This Form | Signature | Date |

Telephone Number

Email address