

TRANSFER RELEASE FORM

(A) To be completed by the student

Full Name: _____ Date of Birth: _____

SEVIS ID#: _____ Visa Status: _____ (e.g. F1, J1)

Requested transfer date: _____

Name of current Institution you are attending: _____

Name of Institution you are transferring to: _____

I hereby grant permission for the information requested below to be made available to Sofia University. I also agree and understand that Sofia University cannot issue me an I-20 until my SEVIS has been officially released.

Signature: _____ Date: _____

(B) To be completed by the foreign student advisor at your previous school.

The above student intends to transfer to Sofia University, **school code: SFR214F01051000**, please answer questions based on current term or last term preceding a vacation or period of authorized practical training. **If the student's record is in completed or terminated, please contact @ SofiaUniversity.Admissions@Sofia.edu before releasing the SEVIS record.**

1. Is the student currently authorized to attend your institution? _____ YES _____ NO
2. Student's SEVIS ID # _____ Release Date _____
3. Is the student considered to be pursuing a full-time course of study for each semester of attendance at your institution? _____ YES _____ NO If no, please explain _____
4. Is the student currently in status? _____ YES _____ NO
If no, please explain: _____
5. What is the last date of attendance at your institution? _____
6. Please list any periods of Practical Training and whether it was full time or part time:
CPT _____ OPT _____

Additional Comments: _____

Name: _____ Title: _____

Email: _____ Telephone: _____

Institution: _____

Address: _____

Signature: _____ Date: _____