

Transfer Release Form

Fuller Theological Seminary | International Services Office

Students on F-1 visas wishing to transfer to Fuller Seminary must complete **Section A** and have **Section B** completed by the institution they are currently attending.

Section A

To be completed by the student

Student Name: _____ Date of Birth: _____

E-mail: _____ Telephone #: _____

G _____

Fuller Student ID# _____ Student Signature _____ Date _____

Section B

To be completed by an International Advisor/DSO at student's current school

Dates of Attendance at current school: From: _____ To: _____

1. Is the student currently in status? Yes No

2. Is the student eligible to transfer? Yes No

3. Has the student been authorized for a **medical** reduced course load in SEVIS?

Yes Number of Months: _____ Degree Level: _____

No

4. Has the student been authorized for practical training?

Yes: ____ [Full-Time CPT] ____ [OPT]

No

Name of School: _____

Address: _____

Phone Number: _____ E-mail: _____

Print Name and Title of PDSO/ DSO

Signature _____ Date _____

SEVIS Information:

SEVIS ID#: _____ N School File #: _____ 214F _____

Release Date: _____ Please release to Fuller Theological Seminary **LOS 214F 00841000**.