



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

**To Be Completed by the Student:**

Student Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name  
Current School ID#: \_\_\_\_\_

I intend to transfer to Pace University starting in \_\_\_\_\_ (semester) \_\_\_\_\_ (year). I hereby authorize release of the information requested below.

\_\_\_\_\_/\_\_\_\_\_  
Student Signature/ Date Pace I.D. #: U \_\_\_\_\_

**To Be Completed by the Designated School Official (DSO) of Current School:**

The student named above has indicated an intention to transfer to Pace University. Please provide the information requested so that the student's eligibility for an immigration transfer may be determined.

Is/Was this student authorized by USCIS to attend your institution? Yes No

SEVIS ID #: \_\_\_\_\_ Release Date: \_\_\_\_\_

Please indicate the dates of attendance at your school (Semester, Year):

From \_\_\_\_\_, \_\_\_\_\_ To \_\_\_\_\_, \_\_\_\_\_

Was she/he considered to be pursuing a full course of study at your institution? Yes No

Please cite any periods of practical training: Curricular \_\_\_\_ Months Optional \_\_\_\_ Months

In your opinion, is the student eligible for school transfer? Yes No

Comments: \_\_\_\_\_

**Please release the student to PACE UNIVERSITY — NEW YORK CITY – School Code: NYC214F00449000**

DSO Name: \_\_\_\_\_ DSO Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Graduate Admission Office  
Pace University  
1 Pace Plaza, W-110  
New York, NY 10038  
Phone: (212) 346-1531  
Fax: (212) 346-1585