



**F-1 STUDENT SCHOOL TRANSFER CERTIFICATION FORM**

New York Theological Seminary, School Code: NYC214F00765000

**Section A: To be completed by the student.**

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ SEVIS ID Number: N \_\_\_\_\_  
Month/Day/Year (MM/DD/YY)

I am planning to transfer to New York Theological Seminary for the \_\_\_\_\_ (term/year). Therefore I give permission for the information request below to be released to New York Theological Seminary.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

**Section B: To be completed by the International Student Advisor or Designated School Official. Please complete and return to us with photocopies of student’s Forms I-20 by mail or fax.**

Name of Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Is the student authorized to attend your institution by INS? Yes \_\_\_\_\_ /No \_\_\_\_\_

Was the student considered to be pursuing a full course of study while at your school? Yes \_\_\_\_\_ /No \_\_\_\_\_

Is this student eligible for transfer under the Transfer Notification Procedure? Yes \_\_\_\_\_ /No \_\_\_\_\_

If the student is not eligible, please indicate why in the COMMENTS section of this form.

COMMENTS \_\_\_\_\_

What “release date” have you and the student agreed upon for the SEVIS record to be transferred to us?

Release date \_\_\_\_\_  
(MM/DD/YYYY)

Name of International Student advisor/D.S.O. \_\_\_\_\_  
(Please Print)

Signature of D.S.O.: \_\_\_\_\_ Date \_\_\_\_\_  
(MM/DD/YYYY)

Please complete and return this form to **the Office of International Student Advisement**

**New York Theological Seminary**  
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Email [gkim@nyts.edu](mailto:gkim@nyts.edu)