

If you are currently enrolled in or recently graduated from a college, university, or high school as an F-1 student in the United States, you must complete Section 1 of this Transfer Form. Your current International Student Adviser must complete Section 2. Please return the completed form to the address, fax, or e-mail listed below.

**SECTION I - TO BE COMPLETED BY STUDENT**

I hereby authorize my current International Student Adviser (DSO/PDSO) to provide the following required information, which will be treated confidentially and used solely for the purpose of admission.

UCF Start Term  Fall  Spring  Summer

Family or Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

UCF Program \_\_\_\_\_ SEVIS N#.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you will be traveling outside of the U.S. during the time of your I-20 release date, contact UCF ISC Admissions to organize delivery.*

**SECTION II - TO BE COMPLETED BY AN INTERNATIONAL ADVISER (DSO/PDSO) AT YOUR CURRENT INSTITUTION**

The student named above has applied for admission to the University of Central Florida. We would appreciate your cooperation in responding to the following questions to determine his/her eligibility to transfer. If you have any questions, please feel free to contact us.

**UCF Campus listings and school codes in SEVIS (Please transfer according to major)**

SCHOOL CODE	CAMPUS	MAJOR
MIA214F00414001	Rosen College of Hospitality Management	Hospitality, Tourism and Event Management majors
MIA214F004140013	Fla. Interactive Entertainment Academy	M.S. Interactive Entertainment major
MIA214F00414003	UCF Daytona Beach	M.S. Clinical Psychology and B.S. Photography majors
MIA214F00414000	University of Central Florida (Main Campus)	Please use for <b>all other majors</b> and degree programs

1. Is this student eligible to continue at your institution?  Yes  No

If no, please explain. \_\_\_\_\_

2. Has this student been granted Practical Training?  Yes  No

If yes, type and dates.  Curricular  Optional From \_\_\_\_\_ to \_\_\_\_\_  
 Curricular  Optional From \_\_\_\_\_ to \_\_\_\_\_

3. Did the student maintain his/her non-immigrant status?  Yes  No

If no, please explain. \_\_\_\_\_

4. Indicate dates student was in F-1 Status. From (MM/YYYY) \_\_\_\_\_ to (MM/YYYY) \_\_\_\_\_

5. What is the anticipated SEVIS transfer release date after admission to UCF?

*The transfer may only be cancelled prior to release date.*

Upon Student Admission  Release Date for Admitted Student (MM/DD/YYYY) \_\_\_\_\_

6. Date of Graduation or Last Semester/Quarter Attended (MM/DD/YYYY) \_\_\_\_\_

7. Additional Remarks \_\_\_\_\_

DSO/PDSO Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Institution/Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Please return this form to:** International Affairs and Global Strategies  
P.O. Box 160130 - Orlando, FL 32816-0130  
Phone: (407) 823-2337 - Fax: (407) 823-2526  
E-mail: [iscadmissions@ucf.edu](mailto:iscadmissions@ucf.edu)  
[www.international.ucf.edu](http://www.international.ucf.edu)