



I-20 TRANSFER CERTIFICATION FORM

**Undergrad/ Graduate
Rockland Campus**
1 South Blvd.
Nyack, NY 10960
PH: 845- 358-1710 ext. 4400
FAX 845- 358- 3047
SEVIS School Code:
NYC 214F 0070 1000

**Undergrad/ Graduate
NYC Campus**
2 Washington Street
New York, NY 10004
PH: 646- 378--6101
FAX 212-343-2668
SEVIS School Code:
NYC 214F 0070 1002

**Alliance Theological Seminary
Rockland Campus**
350 N. Highland Ave.
Nyack, NY 10960
PH: 845- 770-5701
FAX: 845-358-3047
SEVIS School Code:
NYC 214F 0070 1001

Program _____

Program _____

Program _____

SECTION 1 (TO THE STUDENT) (Please print)

This form will confirm your eligibility for school transfer. Please complete Section 1 of this form.
Send the form to International Student Advisor/DSO of your current or former school to complete Section 2.

Last name _____ First name _____ M.I. _____

Date of Birth: _____ SEVIS ID Number _____ (see I-20 pg. 1)

With my signature below, I authorize the release of the information requested by Nyack College/Seminary/Graduate Schools.

Signature Date: ____/____/____

SECTION 2 (TO BE COMPLETED BY FORMER SCHOOL DSO) Please scan this document to admissions@nyack.edu

The student above has been accepted to Nyack College/Seminary/Graduate Schools. Please request a copy of his/her admissions acceptance letter prior to releasing the SEVIS file.

1. Your school name & SEVIS code _____

2. Was the student authorized by USCIS to attend your institution as an F-1 student? Yes _____ No _____

3. Is the student in good standing and eligible to continue at your institution? Yes _____ No _____

If no, please explain: _____

4. When did or will the student last attend your school? Month: _____ Year: _____

5. Date of "Completion of Studies" as indicated on last Form I-20 issued: ____/____/____

6. Was the student granted "Employment Authorization" while a student at your school? Yes _____ No _____

If yes, please note periods granted: _____

7. Has the student met financial obligations with the institution? Yes _____ No _____

8. Transfer Release Date: ____/____/____ 9. Has the student ever been out of status? Yes _____ No _____

10. Comments: _____

DSO Name _____ Date: ____/____/____

Signature _____ Title _____

Email: _____ Telephone Number (____) _____