



GENY
500 8th Avenue, 4th Floor
New York, N.Y. 10018
Tel: 646.794.8333
Fax: 212.564.9358

TRANSFER RECOMMENDATION FORM

Part A

To be completed by the student:

First Name: _____ Middle Name: _____

Last Name: _____ Current School I.D. #: _____

I intend to transfer to GENY starting on _____ (mm/dd/year)

Phone#: _____ Email: _____

I hereby authorize release of the information requested below:

Student Signature _____ Date _____

Part B

To be completed by a Designated School Official (DSO) of current school

The student named above has indicated her/his intention to transfer to GENY. Please provide the information requested in order that GENY will determine the student's eligibility for transferring.

1. Is/was this student authorized by USCIS to attend your institution? Yes No

2. Has the student completed his/her program of study? Yes No

3. When did the student last attend your institution? (month/day/year) _____/_____/_____

4. Please cite any periods of practical training:

Curricular _____ Months Optional _____ Months N/A

5. To the best of your knowledge, has the student acted in accordance with DHS regulations and is the student eligible for transfer under F-1 regulations? Yes No

DO NOT RELEASE STUDENT FILE WITHOUT RECEIPT OF AN ACCEPTANCE LETTER

6. SEVIS ID Number: _____ Student's Transfer Release Date: _____

Institution Name: _____

SEVIS School Code: _____

Address: _____

DSO Name (print): _____ Title: _____

Tel: _____ Fax: _____ Email: _____

Signature of DSO: _____ Date: _____

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

GENY

School Code: NYC214F01702000