Transfer-In Form

PART I: TO BE COMPLETED BY THE STUDENT

Family Name: _____ **First Name**: _____

Current Address: _____

Email Address: _____ **Phone number:** _____

Which campus will you be attending?

- ☐ Lesley University Main Campus (BOS 214F00198000)
- ☐ Lesley University at Bunker Hill Community College (BOS214F00198002)

I grant permission for my current International Student Advisor to provide the following information to Lesley University.

_____ _____

Student Signature Date

Please give this form to your current International Student Advisor, and have them complete it and return it to you, or email it to iss@lesley.edu. Once this form is complete and your SEVIS transfer out date is reached, we will create your Lesley University I-20.

PART II: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

Once complete, please return to student or email to iss@lesley.edu

Student's SEVIS ID: _____ SEVIS Transfer Release Date: _____

The school code for Lesley University's Main Campus is: **BOS214F00198000**
The school code for Lesley at Bunker Hill Community College is **BOS214F00198002**
Please check with the student to ensure you transfer him/her to the correct campus

To the best of your knowledge, has the student maintained F-1 status? ☐ Yes ☐ No

If no, please explain:_____

Has the student done any Reduced Course Loads while at your school? ☐ Yes ☐ No

If yes, please explain:_____

Please list any periods of Optional Practical Training: _____ ☐ Part Time ☐ Full Time

_____

Signature of DSO Name and Title (Please Print) Date

_____

Name of Institution Telephone Number Email address