



Boston College  
 Office of International Students and Scholars  
 140 Commonwealth Ave., Campanella Way Suite 249  
 Chestnut Hill, MA 02467  
 Tel: (617) 552-8005 Fax: (617) 552 2190 email: [bcis@bc.edu](mailto:bcis@bc.edu)  
[www.bc.edu/intercultural](http://www.bc.edu/intercultural)

## Form for Transfer of F-1 Status to Boston College

### Student Instructions:

**If you are currently a student in the U.S. you MUST complete this form in order to transfer your F-1 status to Boston College.** All students keep the same SEVIS identification number throughout the duration of their time in F-1 status. You will need to complete this form in order for your SEVIS I-20 to be electronically transferred to Boston College from your former institution (this applies to all students including those students traveling prior to their arrival to Boston College as well as those starting a new degree.

1. Complete Part I below.
2. Request that your international advisor at your current institution complete Part II.
3. Return this form to the International Student and Scholars Office in person, by mail or by fax (see contact info above).
4. To complete the transfer process report to the Boston College International Student and Scholars Office to register your immigration documents no later than 15 days after the start date indicated on your I-20 form

### Part I-To Be Completed by Student:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Current mailing address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

School at Boston College: \_\_\_\_\_ Degree: \_\_\_\_\_

Semester you expect to enroll at Boston College:  Fall  Spring \_\_\_\_\_ (year)

Will you be traveling outside of the U.S. prior to your arrival at BC?  yes  no

I hereby authorize my International Student Advisor to provide the information requested by Boston College in Part II of this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II-To Be Completed by International Student Advisor

SEVIS ID # \_\_\_\_\_ Release date in SEVIS \_\_\_\_\_

To the best of your knowledge, is the student currently in legal F-1 status?  Yes  No If no, please explain:

Date of graduation/termination of study: \_\_\_\_\_

Please list any authorized period of practical training and indicate if it was part-time or full-time:

Curricular: From \_\_\_\_\_ To \_\_\_\_\_ p/t or f/t Optional: From \_\_\_\_\_ To \_\_\_\_\_ p/t or f/t

Name of Advisor: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this completed form to the Boston College Office of International Students and Scholars using contact info above.  
 Thank you.*