



Boston College International Student and Scholars Office
 140 Commonwealth Ave., Campanella Way Suite 249
 Chestnut Hill, MA 02467
 Tel: (617) 552-8005 Fax: (617) 552 2190 email: bcis@bc.edu
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. Therefore, even if you will travel prior to your arrival at BC or if you are starting a new degree at BC, 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.

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 International Student and Scholars Office using contact info above.
Thank you.*