



**SEVIS TRANSFER
ELIGIBILITY FORM**

Please complete **PART 1** and give the form to the Designated School Official (DSO) at your current School to complete **PART 2**.

PART 1: To be completed by the student.

Application Number	APP-000 _____	Email		
DOB		Name of Student		
	As it appears on your passport		First Name	Last Name

Current U.S. Address		Address (apt, floor, building, etc.)	
City		State	
Zip Code		US phone number	+ 1

I request and authorize the DSO at _____ (Current School) to complete PART 2 of this form and release to Bay Atlantic University (BAU)

Student Signature		Date			
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PART 2: To be completed by the current school Designated School Official (DSO)

*Note: The above-named student intends to transfer to BAU, your assistance is appreciated in providing the following information and signing this form.

The SEVIS code for Bay Atlantic University (BAU) SEVIS Code WAS214F54910000

SEVIS ID of Student _____ **I-20 Expiration date** _____ / _____ / _____

Current SEVIS status Active Terminated **Date of Student enrolled** _____ / _____ / _____

Last date of attendance _____ / _____ / _____ **Date of termination of study** _____ / _____ / _____

SEVIS transfer release date _____ / _____ / _____

Level of study at your institution Language Undergraduate Graduate

Has the student met his/her financial obligations with your institution? Yes No

Did the student attend another U.S. institution before yours? Yes No

Has the student applied or received authorization for Off-Campus employment? Yes No

If yes, please specify the type of employments _____

Has the student acted in accordance with USCIS regulations? Yes No

If no, please explain _____

Please email this form to dso@bau.edu and admissions@bau.edu

Name of Institution		Phone number	
DSO Name		DSO Signature	
Email:		Date	