



**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	____/____/____ As it appears on your passport	Name of Student	First Name	Last Name

Current U.S. Address		Address (apt, floor, building)	
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

Has the student applied or received authorization for Off-Campus employment? ☐ Yes ☐ No - If yes, please specify the type _____, start date ____/____/____ and last date ____/____/____

Has the student been on annual vacation? ☐ Yes ☐ No - If yes, please specify last start date ____/____/____ and Last finished date ____/____/____

Has the student been on Reduced course load? ☐ Yes ☐ No - If yes, please specify the type _____ and the last start date ____/____/____ and Last finished date ____/____/____

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	____/____/____