



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](mailto:dso@bau.edu) and [admissions@bau.edu](mailto:admissions@bau.edu)

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