

**Philadelphia University**  
**Transfer Recommendation Form for F-1 Visa Holders**

**Section I: To be completed by student**

\_\_\_\_\_  
Family (Last) Name                      Given (First) Name                      Middle Name  
Current U.S. Address

\_\_\_\_\_  
Street    Apartment #

\_\_\_\_\_  
City    State    Postal (Zip) Code

\_\_\_\_\_  
Email Address                              Telephone #

I grant permission for the information requested below to be released to Philadelphia University.

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

**Section II: To be completed by the Designated SEVIS Official**

The above named student has applied for admission to Philadelphia University. We request confirmation of his/her status before completing a transfer.

Student SEVIS ID # \_\_\_\_\_  
Visa Type:  F-1  J-1  Other \_\_\_\_\_ I-94 Card expiration date: \_\_\_\_\_  
Date of completion or expected completion of study \_\_\_\_\_  
Transfer Release Date \_\_\_\_\_ (mm/dd/yyyy)

Degree level pursued at your institution \_\_\_\_\_  
To the best of your knowledge, is the student currently maintaining status?  Yes  No  
Please indicate the dates of any practical training in which the student has participated:  
Curricular \_\_\_\_\_ Optional \_\_\_\_\_ J-1 Academic \_\_\_\_\_  
Comments \_\_\_\_\_

\_\_\_\_\_  
Name/Title of P/DSO                              Signature                              Date

\_\_\_\_\_  
Name of Institution                              Address                              Telephone

Please return to:

Philadelphia University  
Office of Admissions  
School House Lane and Henry Avenue  
Philadelphia, PA 19144 USA

Or fax to 215.951.2907

