

**STUDENT AFFAIRS**  
**UNIVERSITY OF THE SCIENCES IN PHILADELPHIA**  
600 South 43<sup>rd</sup> Street, Box 66  
Philadelphia, PA 19104-4495

**Transfer Information Form**  
**for International Student in F-1 status**

**Section I (To be completed by the Student)**

Name: (Last, First, Middle) \_\_\_\_\_ Email address: \_\_\_\_\_

Which semester are you applying for?  Fall 20\_\_  Spring 20\_\_

I authorize the Designated School Official at my current/previous school to complete section II of this form and release my SEVIS record to University of the Sciences Philadelphia.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's SEVIS ID#: \_\_\_\_\_

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**Section II (To be completed by the previous school's International Student Advisor/DSO)**

To the best of your knowledge, is this student in status and eligible to transfer to USciences?  Yes  No

If no, please explain: \_\_\_\_\_

Dates of enrollment at your institution: From \_\_\_\_\_ To \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Degree Program Pursued: \_\_\_\_\_ Degree Completed:  Yes  No

Has the student completed any authorized period(s) of Practical Training?  Yes  No

If yes, what type of Practical Training:  Optional Practical Training (OPT)  
 Curricular Practical Training (CPT)

Dates of Training: Begin \_\_\_\_\_ End \_\_\_\_\_  Full-time  Part-time  
(mm/dd/yyyy) (mm/dd/yyyy)

*What is the anticipated SEVIS transfer date?* \_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
Advisor/DSO name and title (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Address of institution

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

***Please scan and return to:***

Bill Keyes | w.keyes@uscience.edu | 215-895-3135 | International Student Specialist, PDSO