



TOURO UNINVERSITY

Office of the Registrar

INTERNATIONAL STUDENT TRANSFER FORM

Please complete Part I and then submit it with a Touro University acceptance letter to your international Student Advisor or Designated School Official at your previous school. Please email the completed form to sun.choi3@touro.edu or alubatki@touro.edu.

PART I: To be completed by the student

Student's Name: _____ Date of Birth: _____

Student's Touro ID#: _____ Date: _____

Campus Location:

- o *Touro University (Main): NYC214F01120000*
- o *Touro University - Flatbush Main: NYC214F01120001*
- o *Touro University of Osteopathic Medicine: NYC214F01120002*
- o *Touro University - School of Health Sciences: NYC214F01120003*
- o *Touro University Jacob D. Fuchsberg Law Center: NYC214F01120004*
- o *Touro University - Kew Gardens Hills Center (Lander College for Men): NYC214F01120005*
- o *Touro University - Lander College for Women: NYC214F01120006*
- o *Touro University - Middletown (College of Osteopathic Medicine-Middletown): NYC214F01120007*
- o *Touro University of Dental Medicine: NYC214F01120008*

PART II: To be completed by the Designated School Official

SEVIS ID: _____ SEVIS Release Date: _____

Degree Program: _____ Expected Completion Date: _____

Dates of Full-time Enrollment: _____ to _____

Please indicate the following (if applicable):

1. **Authorized Reduced Course Loads:** Yes No
Type: (Medical or Academic) Dates: _____
2. **Authorized Practical Training:** Yes No
Type: (OPT or CPT) Dates: _____

The above named student:

- Is/was enrolled in a full course of study and eligible for transfer.
- Has not been maintained status and is ineligible for transfer in status for the following reason:

School Name/Address: _____

Name & Title of DSO: _____

Telephone: _____ E-mail: _____