

# F-1 Student Transfer Notice

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**TO BE COMPLETED BY STUDENT:**

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I have decided to begin a full-time program of study at UCEDA. I hereby authorize my current International Student Advisor to provide the information requested below for my transfer to UCEDA.

Student Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Date of Birth: \_\_\_\_\_ SEVIS ID Number: \_\_\_\_\_  
(Month/Day/Year)

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Expected Program Start Date at UCEDA: \_\_\_\_\_  
(Month/Day/Year)

Please release my record to: (check one)

|                   |                 |                  |                 |                     |                 |
|-------------------|-----------------|------------------|-----------------|---------------------|-----------------|
| UCEDA Paterson    | NEW214F02020000 | UCEDA Passaic    | NEW214F02020004 | UCEDA New Brunswick | NEW214F02020003 |
| UCEDA Perth Amboy | NEW214F02020001 | UCEDA Red Bank   | NEW214F02020005 | Uceda Lakewood      | NEW214F02020007 |
| UCEDA Dover       | NEW214F02020002 | UCEDA Morristown | NEW214F02020006 | Uceda Falls Church  | NEW214F02020008 |

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

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**TO BE COMPLETED BY SCHOOL OFFICIAL OF TRANSFER-OUT SCHOOL:**

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The above named student has enrolled in the Intensive English Program at UCEDA International. Please complete this form and send a copy via fax to: (848) 269-0585. If student's SEVIS record is terminated or unknown, please explain in Comments section below, and call before releasing the record: (866) 823-3299.

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ SEVIS Release Date: \_\_\_\_\_

As of the date of this Transfer Notice:

\_\_\_\_\_ The student's SEVIS record is ACTIVE.

\_\_\_\_\_ The student's SEVIS record is TERMINATED. (Write Comments below.)

\_\_\_\_\_ The student's current status is UNKNOWN / OTHER. (Write Comments below.)

COMMENTS: \_\_\_\_\_

Name of School (as it appears in SEVIS): \_\_\_\_\_

Address of School: \_\_\_\_\_

Name and Title of School Official: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_