

The following student has requested for a transfer of school to the NewSchool of Architecture & Design. Please complete the information and email to the address at the bottom of the page.

Student's Name (Last, First) _____

Date of Birth _____ SEVIS ID _____

Nationality _____

This portion of the form is to be completed by the PDSO or DSO of the institution where the student is transferring from. NewSchool SEVIS School Code is: SND214F00328000

First Date of Attendance _____ Last Date of Attendance _____

Check if applicable to student:

- ☐ The student has maintained full-time status and is eligible to transfer
- ☐ The student is currently out of status and has not filed for reinstatement (if student is out of status, please do not transfer)
- ☐ Other (use comments section to clarify)

Comments: _____

School Name and Address

INS School File Number _____ 214 _____

Phone Number _____ Fax Number _____

Name of (P)DSO _____ Signature _____

Title _____ Date _____

****PLEASE SEND A COPY OF THIS TRANSFER FORM TO _____****