



F-1 Transfer Form

This form is to inform you that I, _____, intend to transfer to the Cooper Union for the Advancement of Science and Art (NYC214F00411000) in the _____ semester of 20____. Please complete the information requested below and return the form to international@cooper.edu.

Part I: To be completed by student

Given/Family Name:	First Name	Middle
Current U.S. Address		
Signature	SEVIS ID	
Date	Email	

Part II: To be completed by the Designated School Official (DSO)

- The student is in lawful F-1 status according to DHS regulations
- The student is not in lawful F-1 status according to DHS regulations.
- I am enclosing any information I have available that would be helpful

Last enrollment term/semester	The student has been authorized for the following Practical Training benefits	
Last day of attendance	OPT: Full-time: _____ Months Part-time: _____ Months	
Date of SEVIS record release	CPT: Full-time: _____ Months Part-time: _____ Months	
Has the student been authorized for a Reduced Course Load (RCL) _____ (Y/N). Please specify reason and length of RCL		
P/DSO Signature	Date	Telephone Number
Name	School	