

## F-1 Transfer Form

(If Applicable)

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### Part I: To be completed by student

This form must be completed by all international students who wish to transfer to Rowan University from a U.S. College/University/School.

Student's First Name:

Student's Last Name:

SEVIS ID:

Requested SEVIS

Release Date:

Term you will be attending:

Year:

Which Rowan campus will you be attending? ☐ Glassboro ☐ Stratford (SOM or RVSTBES) ☐ Sewell (SOM or RVSTBES)

Non-Immigrant status: ☐ F-1 ☐ Other: (Please specify)

*I hereby authorize my current International Student Advisor/DSO to provide the following required information to Rowan University. **Note to Student:** USCIS regulations state that off-campus F-1 work authorization (OPT, CPT, or Severe Economic Hardship) is automatically terminated after the F-1 transfer is completed.*

Student's Signature

Print Name

Date

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To whom it may concern:

Please verify that the above student requesting the transfer has acceptance to Rowan University and then transfer to the appropriate campus:

**Glassboro Campus SEVIS school code: NEW214F00278000**  
(Rowan University in SEVIS)

*For SOM and RVSTBES students, please check if you will be at the Stratford Campus or Sewell Campus:*

**Stratford Campus SEVIS school code: NEW214F00278001**  
(School of Osteopathic Medicine in SEVIS)

**Sewell Campus SEVIS school code: NEW214F00278002**  
(Rowan College of South Jersey in SEVIS)

Note: If the student is a 3+1 Transfer from RCBC or RCSJ, please do not use either of the school codes above and contact **rowanic@rowan.edu** for the appropriate school code.

**Please do not release records in Terminated or Completed status without confirmation from a Rowan University DSO.**

If you have questions, please contact the International Center at **856-256-4292** or email **rowanic@rowan.edu**

**Please transfer SEVIS record to Rowan University no later than 10 days before the semester start date.**