

F-1 International Student Advisor's Report

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Section One: To the Applicant: Please complete Section One currently attend or most recently attended for campus that you will attend; and (3) release yo	completion. Ask your advise	er to (1) complete the form; (2) send		
1. Applicant's Name:	2 . Email	Address:		
3. U.S. Address:				
4. U.S. Phone Number:	5 . Semester yo	u intend to begin at Rutgers: Fa	all Spring	
6. Rutgers campus you will be attending: Nev	v Brunswick 🛛 Newark 🛛] Camden		
By completing and forwarding this form to my a Rutgers University.	adviser, I am granting perm	ission for the information requested	below to be forwarded to	
Signature (electronic not accepted):		Rutgers ID # (RUID):	Date:	
Note to Student: USCIS Regulations state that F-1 work authorization off-campus (OPT, CPT or Severe Economic Hardship) is automatically terminated after F-1 transfer is completed.				
Please be sure to release the s	tudent's record to the	appropriate campus as indica	ated in Section One	
Regional Campus Rutgers-New Brunswick Undergraduate	<u>School Code</u> NEW214F00147002	<u>Email</u> RUinternational@admissions.ru	utgers.edu	
Rutgers-Newark Rutgers-Camden	NEW214F00147003 NEW214F00147004	Newark@admissions.rutgers.ec ois@camden.rutgers.edu	-	
Section Two: To the International Student Adviser/DSO: Bet the offer of admission from Rutgers University. University campus listed above (based on the s campus.	After completing this form,	please (1) fax or email this form to t	the appropriate regional Rutgers	
1. Student's SEVIS ID#:	2. Anticipated date of	graduation/termination of study:		
3. Your school's SEVIS release-for-transfer date	for this student:			
4. Expiration date of student's current I-20:				
5. Is this student eligible to continue at your ins	titution? (If not, please exp	lain.):		
6. To the best of your knowledge, is the studen	t maintaining full-time statu	ıs? □YES □NO		
Note : If "NO" please do <u>NOT</u> release this stude University representative listed below.	nt's record in SEVIS, but inst	tead please advise us by emailing the	e appropriate regional Rutgers	
7. Please list and specify any previous periods c	f F-1 Practical Training (Opt	ional or Curricular) or J-1 Academic	Training:	
DSO's Name:	Title:			

Institution Name and Address:		
Telephone:	Email (required):	
Signature:	Date:	