

Student Name: _____ SEVIS ID Number: _____

Date of SEVIS Release: _____

Farmingdale State College Main Campus Code: NYC214F00773000

Farmingdale State College Aviation Center Campus Code: NYC214F00773001

Instructions: Please have your Current Primary/Designated School Official complete and return to address below.

1. What is the current immigration status of the applicant? _____
2. Is your school where the student was last authorized to attend? _____
3. For F-1 visa:
 - a. What is the students' admission number? _____
 - b. What is the date of completion on the student's latest I-20 to your school? _____
 - c. What is the length of the program? _____
 - d. Has the student used any practical training? _____
If yes, then how many months of: Curricular Practical Training _____
Optional Practical Training _____
Is the student currently engaged in optional practical training? _____
If yes, please include exact dates: _____
4. Has the student maintained full-time studies as defined by the regulations, including any certificates granted by you under 8CFR 214.2(f) (6) (iii)? _____
5. The term of the student's last enrollment was the _____ semester of _____ year.
6. Could the applicant continue to study at your institution? _____
If not, then why not? _____

Signature of P/DSO: _____ **Date:** _____

Printed Name of P/DSO: _____

Contact Number: _____ **Email Address:** _____

Name and Address of Institution: _____

Return Completed Form to:

Samantha Somma, PDSO
Farmingdale State College
2350 Broadhollow Road
Farmingdale, NY 11735
631-420-2624
Fax: 631-420-2780
Samantha.somma@farmingdale.edu