

F-1 SEVIS Record Transfer Form

To better assist our students, please completely fill out this form
and e-mail it to the address above – **LOS214F00512000**

****TO BE FILLED OUT BY STUDENT****

Last Name (family) _____ First Name _____ Middle _____

CSUSB ID# _____ SEVIS# _____

Term of Admission (quarter & year) _____ Country of Citizenship _____

****TO BE FILLED OUT BY D.S.O****

In compliance with USCIS regulations, we request confirmation of this student's status at your institution before accepting a transfer to our institution. Please fill out the following completely.

Dates of enrollment at your institution _____ to _____

Dates of authorized CPT/OPT (if applicable) _____ to _____

Has this student maintained a valid F-1 status? Yes No

If no, please explain:

Transfer release date (mm/dd/yyyy) _____

Comments:

I certify that the information I have supplied is true and correct

Name and title of DSO _____

School Name _____

Address _____

Phone _____

E-mail _____

Signature _____

Date _____