Center for International Affairs
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

Telephone: (805) 437-3107
E-mail: international@csuci.edu

Center for International Affairs

Transfer of F-1 SEVIS record to CSUCI

Student name:_____
Last First
CSUCI student ID#:_____ Semester of admission:_____

SEVIS ID#:_____

In compliance with USCIS regulations, we request confirmation of this student's status at your institution before accepting transfer to this school. Please complete the following & fax to the office listed below.

Dates of enrollment at your institution: _____to_____

Has this student maintained a valid F-1 student status? ○ Yes ○ No
If no, please explain in comments.

Periods of authorized CPT / OPT (please specify which):

Is the student currently in SEVIS? ○ Yes ○ No
If yes…..
Please release his/her SEVIS record to CSUCI
Transfer release date entered in SEVIS:_____
Comments:

Name and title of DSO: _____

Signature: _____ Date: _____

School name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____