Channel Islands
CALIFORNIA STATE UNIVERSITY

Center for International Affairs
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Center for International Affairs

Transfer of F-1 SEVIS record to CSUCI

Student name:_____
Last name First name
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 above.

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: _____