



Transfer of F-1 SEVIS Record to New School

Please print clearly. An incomplete request form cannot be processed.

Name _____
Last (Family) First Middle

CSUCI ID _____ SEVIS ID _____

Semester of admission _____ Country of Citizenship _____

Passport Expiration Date ____/____/____ Visa Expiration Date ____/____/____

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 and 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:

Periods of authorized CPT/OPT (Please specify which): _____

Is this student currently in SEVIS? ☐ Yes ☐ No

If yes: Please release his/her SEVIS record to CSUCI

Transfer release date entered in SEVIS: _____

Student's SEVIS ID: _____

Comments:

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

Name and title of DSO: _____

Signature: _____ Date: _____

School name: _____

Address: _____

Phone: Fax: _____

E-mail: _____