



International Student Transfer Release Form

DIRECTIONS: California University-Silicon Valley cannot issue an I-20 until your current school completes this form and releases your SEVIS record to California University-Silicon Valley. Please contact the International Student Advisor at your current school of your intent to transfer. Students must complete Section A and the current school must complete Section B. Please return or email the completed form to the Office of International Services at California University-Silicon Valley before starting your program of study.

SECTION A: TO BE COMPLETED BY THE STUDENT

Last (Family) Name: _____ First Name: _____ Middle Name: _____

Date of Birth (MM/DD/YY): _____ Email: _____ Phone: (____) _____

Address in the US: _____

Address from your original country: _____

Semester/Year you will begin study at CUSV: Fall ____ Spring ____ Summer ____ Year: _____

I permit the information requested below to be forwarded to CUSV:

Student's Signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY THE INTERNATIONAL ADVISER

This student has qualified academically for admissions to California University-Silicon Valley. Please complete the information below to determine whether the student is eligible to transfer in accordance with DHS regulations at 8 C.F.R.214.2 (f)(8)(i)(ii)

Student's Current Visa Status: F-1 ____ Other ____ Date of Last Attendance: _____

SEVIS ID Number: _____ SEVIS Release Date: _____

Transfer the student's record to: "California University-Silicon Valley" (School Code: SFR214F02127000)

- To the best of my knowledge, the student is in good standing and is eligible to transfer.
- The student is out of status and a reinstatement to student status was filed on _____ (Date) at USCIS and is pending (Please enclose copies of documents filed with USCIS)
- Authorized periods of Practical Training: CPT OPT NONE From _____ To _____

Institution Name _____

Institution Address _____

Name of Designated School Official (print) _____

Phone _____ Email address: _____

Signature _____ Date: _____

Office Use Only
Served by: _____
Received Date: _____