

**International Student Services  
SEVIS Transfer Request Form**

F-1 students who have been admitted to a new school in the U.S. must request a transfer of their SEVIS record from CSUDH to the new school. To request a transfer of a SEVIS record, student must submit the following documents to the ISS office:

1. **Completed SEVIS Transfer Request Form** — Do not leave any fields blank
2. **Copy of your Acceptance/Admission Letter**

*\*Students are responsible for dropping their classes if they are currently enrolled at CSUDH and they no longer wish to attend.*

SECTION 1: STUDENT PERSONAL INFORMATION	
TODAY'S DATE (MM/DD/YYYY):	CSUDH STUDENT ID:
LAST NAME:	FIRST NAME:
DATE OF BIRTH (MM/DD/YYYY):	SEVIS NUMBER: N
PHONE NUMBER:	EMAIL:
ACADEMIC STATUS: <input type="checkbox"/> ENROLLED <input type="checkbox"/> OPT <input type="checkbox"/> COMPLETED A DEGREE	
If you are transferring	<ul style="list-style-type: none"> <li>After the completion of program, the release of the SEVIS record must take place within 60 days (F-1) of your completion/program end date.</li> <li>Prior to completing the program, the SEVIS release must take place no later than the ADD DEADLINE of the requested term.</li> <li>During OPT, once your SEVIS record is released, your OPT STOPS. Indicate your last date of employment: _____ (MM/DD/YYYY)</li> </ul>
SECTION 2: NEW SCHOOL INFORMATION	
NAME OF NEW SCHOOL (as listed in SEVIS):	
SEVIS SCHOOL CODE:	ADMITTED FOR (Session/Year):
TRANSFER SCHOOL PHONE NUMBER:	EMAIL:

SECTION 3: STUDENT ACKNOWLEDGEMENT
<p>I understand that the release of my SEVIS record will be delayed if any of the information required on this form is missing or inaccurate.</p> <p>I understand that my SEVIS record will be released only after submitting a copy of my acceptance letter to the ISS office.</p> <p>I understand that if I am currently on OPT, transferring my SEVIS record prior to my OPT end date will automatically end my OPT.</p> <p>If I decide to change my plan, I will inform the ISS office immediately.</p> <p>I understand that I am responsible for dropping my classes if I am enrolled at CSUDH.</p> <p><b>Signature:</b> _____                      <b>Today's Date:</b> _____</p>

ISS USE ONLY
<input type="checkbox"/> TR Release Date: <input type="checkbox"/> Update List <input type="checkbox"/> Sent Transfer Email to Student <b>Advisors' Name:</b> _____ <b>Date:</b> _____