



## TRANSFER FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last / Family Name, First Name, M.I. Month / Day / Year

SJSU ID#: \_\_\_\_\_ E-mail: \_\_\_\_\_

New Student for:  Fall \_\_\_\_\_  Spring \_\_\_\_\_

Please check one:  Undergraduate  2<sup>nd</sup> Baccalaureate  Graduate

Please sign the release of information statement below and give this form to the international student advisor at the school you now attend or most recently attended.

I grant permission for the information requested below to be released to San José State University (SJSU,) SFR21F00627000 approved on 01/31/2003.

\_\_\_\_\_  
Student's Signature Date

**To:** Designated School Official

The above named student has been granted admission and will be issued an I-20 to attend San José State University. We request confirmation of his/her status at your institution before processing.

Please make sure to fax the form once completed to the following:

**Undergraduate/Second Baccalaureate students: Fax: 408-924-2035**

**Graduate students: Fax: 408-924-2477**

This student's SEVIS ID # is \_\_\_\_\_, release date is \_\_\_\_\_  
The student's visa status \_\_\_\_\_ Date last attended \_\_\_\_\_

This student is in good standing and is/has been pursuing a full course of study. (Or has already been reinstated to status by USCIS,) and is eligible to transfer.

This student is out of status, and will need a new SEVIS I-20 from San José State University. Student should see an International student advisor at SJSU.

This student is out of status and a reinstatement to student status was filed on \_\_\_\_\_ at USCIS \_\_\_\_\_ and is pending. (Please enclose copies of documents filed with USCIS)

Other: (please feel free to attach a separate sheet for explanation) \_\_\_\_\_

Has the student been authorized for any periods of CPT/OPT? No  Yes   
If yes, please indicate type and dates \_\_\_\_\_

**Name of School:** \_\_\_\_\_

School code \_\_\_\_\_ approved on \_\_\_\_\_.

\_\_\_\_\_  
Signature of DSO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of DSO (please type or print)

\_\_\_\_\_  
Telephone number