



TRANSFER IN (SEVIS RECORD) TO SAN JOSE STATE UNIVERSITY (SJSU)
SECTION 1: TO BE COMPLETED BY STUDENT

Student Name: Last/Family Name, First/Given Name Date of Birth: Month / Day / Year

SJSU ID#: SEVIS ID#: Email address:

New Student for: Fall Spring Level: (Please check one) Undergraduate Graduate Major:

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 authorize you to provide San Jose State University with the information requested below. It is my intention to transfer my SEVIS to San Jose State University.

Student's Signature Date

Section 2: TO BE COMPLETED BY DSO AT PREVIOUS SCHOOL

To Designated School Official:

The above named student has been granted admission and will be issued an I-20 to San José State University. Pursuant to USCIS regulations at 8 CFR 214.2(f)(8)(i), we request confirmation of his/her status at your institution before processing a transfer notification.

San Jose State University is listed in SEVIS as "San Jose State University", SEVIS School Code: SFR214F00627000

Please complete the following and return to student or email the form to one of the following:

Undergraduate Admissions: international.admission@sjsu.edu
Graduate Admissions & Program Evaluations: graduatei20@sjsu.edu
Previous SJSU student and returning to SJSU: international-office@sjsu.edu

- This student's SEVIS ID #: SEVIS Release Date:
Date of last attendance:

(Please DO NOT transfer the SEVIS to SJSU if it is more than 5 months from the last date of attendance/OPT in your institution to the start date of SJSU.

- 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 became out of status on the date of, and will need a new SEVIS I-20 from San José State University. Student should see an International Student Advisor at the International Student & Scholar Services (ISSS) Office at SJSU.
Authorized periods of Practical Training: CPT OPT None Form to
Other:

Name of Institution:

Address:

Name & Title of School Official Completing this Form:

Phone Number: Email:

Signature: Date: