

## TRANSFER-IN to Cal State Fullerton Form

**Directions:** Please notify your current Designated School Official of your admission to our program by taking this form AND a copy of your admission letter to your current school and requesting that your SEVIS record be released to California State University, Fullerton (CSUF). After your transfer is processed, please note that you cannot travel or work using your previous school's I-20. Please contact the International Education & Exchange (IEE) office if you have any questions.

### Section 1: To be completed by student

\_\_\_\_\_  
Last name, First name Middle name (if any)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CSUF Student ID: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
month day year

Date you will complete your final term at your current institution: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check one if you are currently employed:  On-Campus  CPT  OPT- Please submit copy of EAD\*

Date you plan to finish your employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (if applicable)

Are you (or dependents) planning any travel? \_\_\_\_ If YES, dates of departure/re-entry: \_\_\_\_\_

\* If you are currently on Optional Practical Training, your Optional Practical Training will end and be void as of the transfer release date.

I hereby authorize my previous school to transfer my SEVIS record and provide the information requested below to California State University, Fullerton. It is my intention to transfer and attend Cal State Fullerton.

X \_\_\_\_\_  
Student's Signature month day year

### Section 2: To be completed by Designated School Official from transfer-out school

Please release student's SEVIS record to **California State University Fullerton LOS 214F00210000**.

SEVIS ID#: \_\_\_\_\_ Student's Release Date in SEVIS \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of last attendance: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Periods of authorized OPT: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Name of Designated School Official Institution

\_\_\_\_\_  
Title Telephone Fax

\_\_\_\_\_  
Signature of Designated School Official Date

E-mail: \_\_\_\_\_

**\* Please fax or mail this form to the address above.**