



INSTITUTE FOR INTERNATIONAL STUDENTS
SCHOOL OF INTERNATIONAL EDUCATION AND ESL

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School Verification for Transfer In Students

To be completed by student:

Name Last First Date of Birth Month/Day/Year

SEVIS I-20 # N Phone #/E-mail

I am requesting to transfer my Name of current school SEVIS record to City College of San Francisco, the Intensive English Program (SFR21400974001) by the last day of the current program end date Month/day/year

Signature Month/day/year

To be completed by school official:

According to 8 CFR 214.2(f)(8), SEVP schools must transfer the SEVIS records for any F-1 student who has been accepted at another SEVP-certified school. SEVIS records are government property. Schools may not refuse to transfer records for a student accepted by another SEVP-certified school for any reason; including financial or business related reasons.

Name and address of school: Name of school Address Street City State Zip Phone # Fax #

School Seal/Stamp E-mail

Dates of student's attendance at your school: Month/day/year to Month/day/year

Last date of attendance or expected last date: Month/day/year

This student Was/was not a full-time student when last enrolled at your institution.

Any other comments related to student's immigration status? If so, please explain:

Expected release date from your institution: Month/day/year

Name of DSO Signature of DSO Date

Please complete all information above and fax this form to: 415-239-3804 or e-mail the scanned copy to international@ccsf.edu. Thank you for your cooperation.