

**The International Center
California State University, San Bernardino**

F-1 Transfer Form

Student Name: _____
Last First Middle

SEVIS ID #: N _____ CSUSB admittance Term: _____

**To better help our students, please complete this form, attach a copy of the original I-20 issued by your school and send to the address below. Release the student's SEVIS record to:
California State University, San Bernardino - LOS214F00512000**

Dates of enrollment: _____

Dates of CPT/OPT, if relevant: _____

Is this student in F-1 status? Yes _____ No _____

If not, please explain: _____

Transfer Release Date: _____

Comments: _____



Name and Title: _____

School Name: _____

Address: _____

Phone/ Fax: _____

E-mail: _____

Signature: _____ Date: _____

Please send to:

**5500 University Parkway, UH 235 • San Bernardino, CA 92407
909.537.5193 • Fax: 909.537.7020
mlagos@csusb.edu • ic.susb.edu**