SEVIS I-20 Transfer Request Form

Congratulations on your admittance to College of San Mateo! It is time to ask your current school to transfer your SEVIS I-20 to College of San Mateo. Please take this form and your acceptance letter to your current international student advisor.

- You must notify the International Student Advisor at your *current* U.S. institution that you will transfer to **San Mateo Community College District - College of San Mateo. Our SEVIS College number is SFR214F00468.000.** The International Student Advisor at your current U.S. school will need to complete this form and return it to the College of San Mateo by email.

- The International Student Advisor at your current U.S. school will then need to update your record in SEVIS as a **Transfer Out** student by indicating that you will transfer to San Mateo Community College District - College of San Mateo and indicate a "Release Date." Note: This date will most likely be the last day of classes or final exams at your current U.S. school or the day on which you complete all of your program requirements.

TO BE COMPLETED BY STUDENT

Name:_____ Date of Birth: _____
     LAST NAME   FIRST NAME   MM/DD/YYYY

I authorize you to provide College of San Mateo with the information requested below. It is my intention to enroll in College of San Mateo for the ☐ Fall ☐ Spring 20_____semester.

Current U.S. Address: _____ Phone: (_____)_____-_____

How would you like to receive your I-20 :

☐ I will pick up my I-20 in person.   ☐ Mail it to my current U.S. address.

☐ Mail it to the following address: _____

Signature:_____ Date: _____/_____/_____
                                                  MM/DD/YYYY

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL (DSO)

The above named student has requested a SEVIS Transfer to attend College of San Mateo. Please email the completed Transfer Request Form to csminternational@smccd.edu and release the student's SEVIS record to College of San Mateo.

Student Name:_____ SEVIS ID#:_____
                LAST NAME   FIRST NAME

Dates of Attendance:_____/_____/_____ to _____/_____/_____ SEVIS I-20 Release Date:_____/_____/_____
                            MM/DD/YYYY   MM/DD/YYYY   MM/DD/YYYY

Is this student currently in good standing and eligible for transfer?   YES   NO   (if NO, contact CSM before transfer)

Name & Title of DSO: _____

Name of Institution: _____

Phone:_____ Email: _____

Signature:_____ Date: _____/_____/_____
                                                  MM/DD/YYYY