SCHOOL TRANSFER VERIFICATION

University of San Diego ♦ Office of Graduate Admissions ♦ 5998 Alcala Park, San Diego, CA 92110
Tel: (619) 260-4524 ♦ 1-800-248-4873 ♦ Fax: (619) 260-4158 ♦ Email: grads@sandiego.edu

All international students currently attending an institution within the United States must complete this form. Please have the International Student Advisor at the U.S. school you are currently attending (or last attended) complete Section B and sign. A Form I-20 will not be issued until we have this completed form and all requested documents.

Please include copies of current Form I-20, visa page, passport page and both sides of I-94 card.

Section A: (Student must complete and sign)

_____ _____ _____
Last/Family/Surname First Name Middle Name

_____ _____ _____
Country of Citizenship Country of Birth Date of Birth (Month/Day/Year)

Student's Signature: _____ Date: _____

Section B: (Designated School Official must complete and sign)

❑ **This student has maintained status and is eligible to transfer.**
If this box is checked, please complete the following:

SEVIS Release Date: _____ SEVIS ID#: _____

Date First Attended: _____ Last Day of Attendance: _____

❑ **This student is out of status.**
If this box is checked, please comment: _____

_____
School Name Type of Program

_____
School Address

Additional Comments: _____

_____

_____

I certify that all the information provided above regarding this student's immigration status is true and correct to the best of my knowledge.

_____
Signature of School Official Print Name and Title of School Official Date

Email Address: _____ Phone: _____ Fax: _____