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**SEVIS School Code: SEA214F00410000**
ISO@cityu.edu
www.cityu.edu

# INTERNATIONAL STUDENT TRANSFER EVALUATION FORM

If you intend to transfer to City University of Seattle as an F-1 student from another college or university in the US, **please complete the Section A** and ask your International Student Advisor at your current school (or the school you last attended) to complete Section B.

## SECTION A (to the Student)

- Student's Name (please print) _____
  Last Name First Name
- Quarter you plan to transfer to City University **(please circle one only):**

  Summer (July) Fall (October)
  Winter (January) Spring (April)

- Are you planning to leave the U.S. before you transfer to City University? **YES / NO**

  "I authorize the requested information below to be forwarded to City University of Seattle."

- Student's Signature: _____ Date: _____
  Month / Day / Year

## SECTION B (to the current International Student Advisor)

The above student is considering transferring to City University of Seattle. Please provide the information requested below:

1. Is the student currently attending your institution? **YES:** Full time or Part time / **NO**

   If not, when was the quarter/semester the student last attended? _____

2. Last vacation quarter the student took was: _____

3. Do you consider the student is in status and eligible for transfer? **YES / NO**

   If not, please explain: _____

_____

4. Please indicate authorized periods of Optional Practical Training: _____

   Full time Curricular Practical Training: _____

Name of DSO (please print): _____ Title: _____

Institution: _____ Phone #: _____

Fax: _____ Email: _____

Address: _____

**I acknowledge that this form is used for status verification purposes only and that the student's SEVIS record is NOT to be released to City University of Seattle without the student's consent and proof of acceptance.**

DSO Signature: _____ Date: _____