521 Wall Street, Suite 100
Seattle, WA 98121-1851
206.239.4720 / Fax: 206.239.4725
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, Middle Name

  Student's Date of Birth (MM/DD/YY) _____

- 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**

   Dates of attendance: Start _____ Last day of attendance_____

2. Last vacation quarter the student took was: _____

3. Is the student in status? **YES / NO**

   If no, please explain: _____

4. Please indicate authorized periods of

   Part time Optional Practical Training: _____

   Full time Optional Practical Training: _____

   Full time Curricular Practical Training: _____

   Reduced Course Load: _____

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:_____