



F-1 Transfer Eligibility Form (For Students Currently Attending U.S. Schools)

An F-1 transfer means that you entered the U.S. on one school's I-20, and you are changing the I-20 of another school. To complete an F-1 transfer to CSUB, you must do the following:

1. Complete Section A below
2. Notify the school you are currently attending of your intent to transfer to CSUB. A Designated School Official (DSO) at your current school will need to complete Section B of this form. Your DSO at the school from which you are transferring will update your SEVIS record to indicate your intent to transfer to CSUB and will enter a "transfer release date". On that date your SEVIS record will become accessible to CSUB's Office of International Students & Programs (ISP).
3. Return this F-1 Student Transfer Eligibility Form to ISP, with a copy of the following documents attached:
 - Copy of passport identification pages, showing expiration date
 - Copy of most recent visa in passport
 - Copy of I-94 card (white card usually stapled into passport)
 - Copies of all I-20s issued to you by previous schools
4. Report to ISP no later than 10 days after the start date indicated on your CSUB I-20 to complete the transfer process. Bring all immigration and travel documents with you.

Section A- to be completed by the student:

I request and authorize the school official named below to provide the information requested on this form:

Last name, First name (Please print) Signature Date

Telephone # _____ Email Address: _____

Section B –To be completed by a Designated School Official (DSO) at your current school

I confirm that, to the best of my knowledge, the student named above has continually maintained F-1 status, has been enrolled in a full course of study, and is eligible for an F-1 transfer.

(This form may be returned to the student or mailed/faxed directly to the Office of International Students & Programs at CSUB (661) 654-6914.)

Student's SEVIS Identification Number: _____

Student's SEVIS Transfer Release Date: _____

Dates of Previously Authorized Off-campus Employment: _____

F-2 Dependent information:

Name (print Family Name, Given Name) SEVIS ID Number

Name of the Designated School Official **Signature** **Date**

Institution Name (Please Print) **City** **State**

Telephone Number **Email Address**