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) _____________________________
- Student’s Email Address _____________________________ _____________________________
- 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: _____________________________

SECTION B (to the current International Student Advisor)

The above student is considering transferring to City University of Seattle (SEVIS School Code: SEA214F00410004). Please provide the information requested below:

1. Is the student currently attending your institution? YES: Full time or Part time / NO
   - If no, when was the quarter/semester the student last attended? _____________________________

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 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: _____________________________

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