



521 Wall Street, Suite 100
 Seattle, WA 98121-1851
 206.239.4790 / Fax: 206.239.4794
SEVIS School Code: SEA214F00410004
 wal@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) _____

- 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: _____
 Month / Day / Year

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: _____