



Student ID: \_\_\_\_\_

**SEVIS Transfer In Form**

Date Faxed: \_\_\_\_\_

Students transferring to the USA English Language Center on Student Visa (F) must complete the top portion of this form. The International Student Advisor or DSO at your current school must complete the bottom portion of the form. Please return the completed form by fax, email or in person.

**TO BE COMPLETED BY THE STUDENT:**

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle (if applicable) \_\_\_\_\_ \*Print your name as it appears on your passport

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
(MM/DD/YY)

Gender:  Male  Female Name of School you are currently attending: \_\_\_\_\_

Email address: \_\_\_\_\_

U.S. address: \_\_\_\_\_

Do you have any Dependents that will accompany you? If yes, please list their names: \_\_\_\_\_

I authorize my International Student Advisor to provide the following information and release my SEVIS record to the USA English Language Center.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR - DSO**

\* Please release SEVIS record to: **San Diego Univ. for Integrative Studies**  
**SEVIS School Code SND214F00404000**

1. Student SEVIS ID: \_\_\_\_\_ Students Full Name: \_\_\_\_\_

2. Date of last attendance at your school: \_\_\_\_\_

3. Is the student in good academic and financial standing? \_\_\_\_\_ If No please explain: \_\_\_\_\_

4. SEVIS RELEASE DATE to **San Diego Univ. for Integrative Studies**: \_\_\_\_\_

\_\_\_\_\_  
Name and title of School Official \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Official SEVIS Name of School \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_