



TRANSFER IN FORM

This form must be completed by F-1 students who are requesting their SEVIS record to be transferred to Fresno City College from another U.S. institution. Please include a copy of the most recent I-20 and I-94 when submitting this form to the International Student Program (iss@fresnocitycollege.edu).

Section 1: To Be Completed By Student

Full Name (as in passport): _____

Email: _____ Phone: _____

Intended Major(s): _____

Do you plan to travel outside the U.S. before beginning your studies at Fresno City College? ___ Yes ___ No

Planned date of departure: _____ (MM/DD/YY)

Are you currently on OPT? ___ Yes ___ No (if yes, please submit a copy of EAD)

If you are currently on OPT, it will end and will be void as of the transfer release date.

Current U.S. Address: _____

Signature below indicates:

1. I hereby authorize my previous school to transfer my SEVIS record and provide the information requested below the Fresno City College. It is my intention to attend Fresno City College.
2. I understand that no work/internship (even unpaid) is permitted after transfer release date.

Signature: _____ Date: _____

Section 2: To Be Completed by Designated School Official

Please return form to iss@fresnocitycollege.edu

Student's SEVIS ID # _____ Transfer Release Date: _____ (MM/DD/YY)

Fresno City College School Code: SFR214F00430000

Start Date on current I-20: _____ (MM/DD/YY) End date on current I-20: _____ (MM/DD/YY)

Has the student maintained valid F-1 status? ___ Yes ___ NO

If no, please explain: _____

Name of P/DSO: _____ Signature: _____

Title of P/DSO: _____ Date: _____

Name of Institution: _____

Email: _____ Phone: _____