



SEVIS I-20 Transfer In Request Form

Congratulations on your admittance to College of San Mateo! It is time to ask your current school to transfer your SEVIS I-20 to College of San Mateo. Please take this form and your acceptance letter to your current international student advisor.

- You must notify the International Student Advisor at your *current* U.S. institution that you will transfer to **San Mateo Community College District - College of San Mateo**. Our SEVIS College number is **SFR214F00468000**. The International Student Advisor at your current U.S. school will need to complete this form and return it to the College of San Mateo by email.
- The International Student Advisor at your current U.S. school will then need to update your record in SEVIS as a **Transfer Out** student by indicating that you will transfer to San Mateo Community College District - College of San Mateo and indicate a "Release Date." Note: This date will most likely be the last day of classes or final exams at your current U.S. school or the day on which you complete all of your program requirements. Once received in SEVIS, you will receive your "Transfer Pending" I-20 via email.

TO BE COMPLETED BY STUDENT

Name: _____ Date of Birth: _____
LAST NAME FIRST NAME MM/DD/YYYY

I authorize you to provide College of San Mateo with the information requested below. It is my intention to enroll in College of San Mateo for the ☐ Fall ☐ Spring 20_____ semester.

Current U.S. Address: _____ Phone: (____) _____ - _____

Email Address: _____

Signature: _____ Date: ____/____/____
MM/DD/YYYY

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL (DSO)

The above named student has requested a SEVIS Transfer to attend College of San Mateo. Please email the completed Transfer Request Form to csminternational@smccd.edu and release the student's SEVIS record to College of San Mateo.

Student Name: _____ SEVIS ID#: _____
LAST NAME FIRST NAME

Dates of Attendance: ____/____/____ to ____/____/____ SEVIS I-20 Release Date: ____/____/____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Is this student currently in good standing and eligible for transfer? YES NO (if NO, contact CSM before transfer)

Name & Title of DSO: _____

Name of Institution: _____

Phone: _____ Email: _____

Signature: _____ Date: ____/____/____
MM/DD/YYYY