OFFICE OF GRADUATE ADMISSIONS
Serra Hall 202
5998 Alcalá Park
San Diego, CA 92110-2492
P: (619) 260-4524
F: (619) 260-4158

SCHOOL TRANSFER VERIFICATION

SEVIS School Code: SND214F00085000
Email: grads@sandiego.edu

Form I-20 will not be issued until we have this completed form and all requested documents. Please submit with copies of passport, visa, pages 1 and 3 of current I-20 and printout of I-94.

Section A: To be completed by student exactly as it appears on passport.

Last/Family/Surname First Name Middle Name

Country of Passport Country of Birth DOB (Month/Day/Year) SEVIS Number from top of I-20 (N)

Complete mailing address for Form I-20 (include apt # and postal code) Phone number (include area code)

Complete address in your home country Phone number (include area code)

Student's Signature:_____ Date:_____

Section B: To be completed by International Student Advisor.

❑ **This student has maintained status and is eligible to transfer.**
If this box is checked, please complete the following:

SEVIS Release Date: _____ Date First Attended: _____ Last Day of Attendance: _____

❑ **This student is out of status.**
If this box is checked, please comment: _____

School Name Type of Program

School Address

Additional Comments:

I certify that all the information provided above regarding this student's immigration status is true and correct to the best of my knowledge.

Print Name and Title of School Official Signature of School Official Date

Email Address: _____ Phone: _____ Fax: _____