

Transfer In form

PLEASE TYPE, PRINT OUT, AND SAVE FOR YOUR FILES

The undersigned student, by submission of this form, indicates his/her intention to transfer to California State University, East Bay.

Section I

TO BE COMPLETED BY THE STUDENT

Name (Family name, first name): _____

Date of Birth (mm/dd/yyyy): _____

SEVIS #: _____

U.S. Address

Street: _____ City: _____ State: _____ Zip Code: _____

Phone number (include area code): _____

I authorize the information requested below be forwarded to California State University, East Bay.

Signature: _____ Date: _____

Section II

TO BE COMPLETED BY D.S.O.

The student above wishes to transfer to California State University, East Bay. Please provide the information below and Email or fax this form to:

American Language Program, SF-102
California State University, East Bay
25800 Carlos Bee Blvd.
Hayward, CA 94542
Email: alpgen@csueastbay.edu; Fax: 510-885-2040

Dates of enrollment at your institution: _____ to _____. Visa type: _____

Is the student eligible to transfer to California State University, East Bay? Yes No

Student is/was in good academic standing? Yes No

Student is/has been out of status? Yes No

Any additional comments

SEVIS release date _____

Please release the student's record to:

California State University, East Bay

School code: SFR214F00137000

Signature: _____ Date: _____ Phone #: _____

Printed name and title: _____ Email address: _____

Institution name & address: _____