

**This form is required for all F-1 visa students transferring to the English Language Institute (ELI) at California State University, Sacramento, from another U.S. institution. Please fill in the top part of this form. Have the Designated School Official (DSO) at your current school complete and submit the document.**

**TO BE COMPLETED BY STUDENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you planning to travel out of the country prior to your orientation start date?  Yes  No

I authorize my international student adviser to provide the information below.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISER OF THE SCHOOL YOU LAST ATTENDED**

To the best of my knowledge this student  is  is not considered to be in valid F-1 status. **Do not transfer students in terminated status.**

Has this student been dismissed from your program?  Yes  No

If "yes" please explain: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Student's SEVIS I.D. Number: \_\_\_\_\_

Last day of current session: \_\_\_\_\_ Anticipated SEVIS release date: \_\_\_\_\_

Date student began attending: \_\_\_\_\_

Institution Name (as listed in SEVIS): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Signature of International Student Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE TRANSFER TO:**

**CALIFORNIA STATE UNIV., SACRAMENTO, COLLEGE OF CONTINUING ED**  
**SFR214F01877000** {Enter university name *exactly* as listed}

**MAIL TO:**

English Language Institute, California State University, Sacramento  
College of Continuing Education  
3000 State University Drive, Sacramento, CA 95819-6103 USA

**FAX TO:**

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