

Transfer-In Request Form

F-1 Student

To be completed by Student:

Last / Family Name _____ First Name _____ M.I. _____

Date of Birth: _____ (Month / Day / Year) CSUMB Student ID#: _____

E-mail: _____

Current US Address: _____

New Student for: ☐ Fall _____ ☐ Spring _____

Name of Current School: _____

SEVIS ID # _____ Requested release date _____

Date last attended classes at Current School: _____

Have you been authorized for any periods of CPT/OPT? No ☐ Yes ☐

If yes, please indicate type and dates

Current School DSO Name: _____

Current School DSO Email: _____

Current School DSO Telephone number: _____

Please sign the release of information statement below and give this form to the Designated School Official/ International Student Advisor at the school you now attend or most recently attended. You also must send a copy of this form to international@csumb.edu.

I grant permission for my SEVIS record to be released to California State University, Monterey Bay.

Student's Signature _____ Date: _____

For Designated School Official

The above-named student should present you with an admission letter to California State University Monterey Bay before transferring. Our SEVIS school code is **SFR214F01693000**. We request that only Active status students be transferred to us. If the student is not currently in Active status please reach out to our office before processing. Contact the International Office at California State University Monterey Bay at international@csumb.edu or call 831-582-4778.