

Cuyamaca College



Admissions & Records Office

# International Student Transfer Form

## Student Data and Statement – To Be Completed By Student

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I intend to transfer to Cuyamaca College for the \_\_\_\_\_ semester/term and by signing this form, I hereby grant permission for the requested information to be made available to Cuyamaca College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DSO Statement - To be completed by DSO Specialist or Advisor

Student Name in Full: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_ SEVIS #: \_\_\_\_\_

**Check All Applicable:**

- This student has maintained full-time status and is eligible to transfer.
- This student is out of status and has NOT filed for reinstatement.
- Other (Please clarify in comments section below.)

Comments: \_\_\_\_\_

Has the student been authorized for a reduced course load in SEVIS?  Yes,  No  
If yes, please check one.  Academic,  Medical,  Other, When? Semester/Quarter \_\_\_\_\_

Has this student applied for Optional Practical Training?  No,  Yes, Dates \_\_\_\_\_

**I-20 release information:**

Release Date\*:  TBD,  Upon Acceptance,  Upon request,  Already released: Date \_\_\_\_\_

\*Please hold the release till the student request with an acceptance letter.

Please release the student's SEVIS record to Cuyamaca College, SND214F00061000.

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_

DSO's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DSO Name and Title (Please Print): \_\_\_\_\_

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

Email or Mail to: Attn: Vanessa Saenz

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