

**International (F-1) Student SEVIS Transfer Form**

To be completed by incoming international students already in active F-1 status, and fully accepted/deposited to MCU.

**To the Transferring Student:**

Please be sure to give this form to your current International Student Advisor as soon as possible. They must complete the bottom portion and return it to you for upload to the International Student Visa Requirements section of the Application [Status Portal](#) with your Confidential Statement of Financial Support and other financial documentation in order to receive your MCU Form I-20.

**To Be Completed by the Transferring Student:**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current U.S. Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ U.S. Cell Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Program of Study at MCU (Circle One): A.A. B.A. Graduate Expected Start: Fall/Spring/Summer \_\_\_\_\_  
(Year)

I grant permission to my International Student Advisor to release my SEVIS record to Marymount California University.

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

**To Be Completed by the International Student Advisor (DSO):**

The above-named student has met all requirements for admission and transfer into Marymount California University. In accordance with DHS/SEVP regulations, we request that you complete the portion below to release the student's SEVIS record. **If the record is in any other status than "Active" please do not transfer the record and ask the student to contact MCU Office of International Services directly at [roconnell@marymountcalifornia.edu](mailto:roconnell@marymountcalifornia.edu)**

The SEVIS school code for Marymount California University is: LOS214F01313000

SEVIS ID #: \_\_\_\_\_ SEVIS Transfer Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate the dates of attendance at your institution: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Is/was the student pursuing a full course of study? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has the student engaged in OPT at his/her current Program Level? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has the student engaged in any FULL TIME CPT at your institution? \_\_\_\_\_ YES \_\_\_\_\_ NO

To the best of your knowledge, is the student "In Status" according to USCIS regulations and eligible for transfer?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please provide information about any reinstatement applications that have been, or will be filed:  
\_\_\_\_\_

**Please return this form to the student for upload to the International Student Visa Requirements section of the Application [Status Portal](#).**

\_\_\_\_\_  
Name of DSO Signature of DSO Date

\_\_\_\_\_  
Name of Transfer-Out Institution

(\_\_\_\_) \_\_\_\_\_  
Telephone Number Email Address