



International Student Transfer Record

To: Designated School Official: _____

From: Int'l Student Office of CSTU, School Code: SFR214F58054000

The student whose name appears below wishes to transfer to CSTU to continue his/her education. Please complete section B and C and e-mail the form back to CSTU at admission@cstu.edu at your earliest convenience. Thank you very much for your assistance.

A. To be completed by Student

First Name

Last Name

Program

SEVIS ID#:

N

Program at
CSTU:

Starting term:

(Spring/Summer/Fall) Year: _____

B. To be completed by the DSO/International Student Advisor at Last U.S. School Attended by the Student

Last Term Enrolled:

Year: _____ Term: [] Spring [] Summer [] Fall [] Winter

Last Date of

Attendance:

Field of
Study:



Student Academic Standing: ☐ Good ☐ Fair ☐ Poor

Is the student in good standing with a valid F1 status? ☐ Yes ☐ No

Practical Training:

a. CPT: ☐ Yes ☐ No

Full-time ☐ Part-time ☐ CPT dates From _____ to _____

b. OPT (pre and post-completion): ☐ Yes ☐ No

Full-time ☐ Part-time ☐ OPT dates From _____ to _____

Is the student eligible for transfer? ☐ Yes ☐ No

Release Date: _____

Any additional relevant information:

C. School Official Info

Name: (print)

Glen Qin

Title:

PDSO

Cell Phone:

(408) 666 3690

Email:

Glen.qin@cstu.edu

Name of

Institution:

California Science and Technology University
