Central Washington University
Office of International Studies and Programs

INTERNATIONAL STUDENT TRANSFER RELEASE FORM

CWU Des Moines Center

SEVIS School Code SEA214F10046001

TO BE COMPLETED BY STUDENT		
Family Name:	First Name:	CWU ID # (if known):
Current Address:	I-20 Mailing Address:	
E-mail Address:	Country of Citizenship:	
Cell Phone:	Home Phone:	Current Immigration Visa Type:

Do you plan to travel outside the U.S. before beginning your program at CWU? □ YES □ NO
I authorize my previous/current U.S. School to provide CWU with the information below. It is my intention to transfer to CWU beginning _____ quarter

Signature: **Date:**

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR AT THE PREVIOUS/CURRENT U.S. SCHOOL	
Based on the records of this office, it appears that the above named student:	
□ is/was □ is not/was not "maintaining status" and	□ is/was □ is not/was not "pursuing a full course of study" _____to _____
List all periods and reasons for **Reduced Course Load** for which the student was previously authorized:	
List all periods of previously authorized employment the student engaged in **Optional** and/or **Curricular Practical Training**:	
Students **Transfer Release Date** in **SEVIS** _____. Students SEVIS ID #:_____ **SEVIS Transfer Release Notes:** **(if no set date)**	
Other (Financial/Academic Concerns):	
Designated School Official's Name:	Title:
Signature:	Date:
School Name and Address:	
Phone:	E-mail:

Please submit the completed form to: The Office of International Studies and Programs
Mail: CWU OISP ▪ 400 East University Way ▪ Ellensburg, WA 98926-7408 **Email**: sevis@cwu.edu ▪ **Phone:** (509) 963-3612