



Central Washington University

**Office of International
Studies and Programs**

INTERNATIONAL STUDENT TRANSFER RELEASE FORM

CWU Lynnwood Center

SEVIS School Code SEA214F10046002

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/was ☐ is not/was not ☐ is not/was not “maintaining status” and “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	