Central Washington University
Office of International Studies and Programs

INTERNATIONAL STUDENT TRANSFER RELEASE FORM

CWU Sammamish Center

SEVIS School Code SEA214F10046007

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