

Graduate Admissions & Program Evaluations (GAPE) International Student & Scholar Services (ISSS) Undergraduate Admissions

graduate@sjsu.edu international-office@sjsu.edu international.admission@sjsu.edu

SJSU TRANSFER (IN) ELIGIBILITY FORM

Student	: Name:				Date of Birth:			
		Last / Family Name,	First Name			Month / [
SJSU ID#	#:		_	Email	address:			
New Student for: Fall Spring			Level: (Please c	heck one)	☐ Undergraduate	☐ 2 nd Baccalaureate	☐ Graduate	
	-	release of information states attended.	ment below and give this form	n to the int	ternational student a	ndvisor at the school you r	now attend or	
I author	ize the	DSO to provide the requested	l information below to be rele	ased to Sar	n José State Universit	y (SJSU)		
Student's Signature					Date			
To:	Desig	nated School Official:						
	The above named student has been granted admission and will be issued an I-20 to San José State University. Pursuant to USCIS regulations, we request confirmation of his/her status at your institution before processing a transfer notification.							
		SJSU SEVIS School Code: SFR214F00627000						
		Please complete the following and return to student or email the form to the following:						
		Under Graduate Admissions &	rgraduate Admissions: Program Evaluations:		itional.admission@sj: tei20@sjsu.edu	su.edu		
Name o	of Scho	ool:						
School	SEVIS	Code:						
		This student's SEVIS ID # is Date of last attendance:			se date is			
		This student is in good standing and is/has been pursuing a full course of study, or has already been reinstated to status by USCIS, and is eligible to transfer.						
		This student is out of status, and will need a new SEVIS I-20 from San José State University. Student should see an International Student Advisor at the International Student & Scholar Services (ISSS) Office at SJSU.						
		This student is out of status and a reinstatement to student status was filed on and is pending. (Please enclose copies of documents)					CIS	
		Other: (please feel free to attach a separate sheet for explanation)						
		Has the student been authoriz If yes, please indicate type and		T? No 🗖	Yes 🗖			
Signature	e of DSO				Date			
Name of DSO (please type or print)					Telephone number,	Telephone number/Email		