

International Student Office

5885 Haven Avenue • Rancho Cucamonga • CA • 91737
(909) 652-6195 • (909) 652-6194(fax)
Email: intlstudents@chaffey.edu

INTENTION TO TRANSFER

The student below intends to transfer to Chaffey College. In accordance with the Bureau of Citizenship and Immigration Services Regulations, we must verify the status of this student. Please complete and return this form to our office by mail or fax to (909) 652-6194.

Thank you for your assistance.

Fax to: _____

Name _____
Last First DOB

INS Admission Number _____ Country of Birth _____

Student Signature: _____ Date: _____

STUDENT'S STATUS F1 J1 Other

- The student is in good standing and has been pursuing a full course of study.
- The student is out of status and reinstatement to student status was filed on _____
- The student is out of status and we will advise him/her of the procedures for reinstatement.
- The student has not fulfilled his/her financial obligations to this university/college.
- Student's Level of study at your school High School Undergraduate Language School
- Date of student's last attendance _____
- SEVIS Student ID # _____ SEVIS release date _____
- Is the student currently enrolled? Yes No
- Did the student complete his/her program? Yes No
- Indicate the expected graduation date which appeared on the I-20 the student originally used when first enrolled at your school _____.
- Please send a copy of the I-20 issued by your institution with this form.
- Would you recommend this student for transfer to our institution? Yes No
If no, please explain the reason

Name of DSO (Print)

Name of School /Phone number

Signature of DSO

Date

Official Stamp