

# 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