



Chaffey College

International Student Center

5885 Haven Avenue, CCE 123

Rancho Cucamonga, CA 91737

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international@chaffey.edu

I-20 Transfer-In Form

THIS FORM IS ONLY FOR STUDENTS WITH A VALID I-20 FROM ANOTHER U.S. INSTITUTION

STUDENT SECTION

Last/Family Name (as it appears on your passport): _____

First/Given Name (as it appears on your passport): _____

Email: _____

Chaffey ID number: _____

Date of Birth (mm/dd/yyyy): _____

I request to have my SEVIS record transferred to Chaffey College.

Student Signature: _____

Date (mm/dd/yyyy): _____

DESIGNATED SCHOOL OFFICIAL (DSO) SECTION AT YOUR CURRENT SCHOOL

SEVIS ID: _____

☐

The student is in good standing and has been maintaining a valid F-1 status.

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The student is out of status. Reason: _____

Enrolled in:

☐

Academic

☐

ESL Studies

Program end date: _____

Date of last attendance at your school: _____

Transfer-out release date in SEVIS: _____

DSO's name and institution: _____

DSO Signature: _____

Date: _____