



## International Student Transfer Eligibility Form

### Student Section and Instructions:

Please fill out the top part of this form. Then take it to your International Student Advisor or DSO at the school you are attending for their signature. *We are not asking for your SEVIS record to be transferred at this time.* If you have questions, please e-mail [internationalprogram@csi.edu](mailto:internationalprogram@csi.edu).

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to release the following information to the College of Southern Idaho. (Name of your current school or university)

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### International Student Advisor or DSO Section:

The above student has applied for admission to the College of Southern Idaho. Please complete this section of the form. When completed please mail, fax, or e-mail it to: Mail: College of Southern Idaho, International Programs, 315 Falls Ave, Twin Falls, ID 83303. Fax: 208-736-3014. Email: [internationalprogram@csi.edu](mailto:internationalprogram@csi.edu). Thank you for your assistance. **CSI SEVIS school code: HEL214F00152000.**

Student Visa Classification:     F-1     J-1

Current I-20/DS2019 Program End Date: \_\_\_\_\_

SEVIS Transfer Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes  No The Student has maintained status and is eligible for transfer to the College of Southern Idaho

Yes  No The Student is currently enrolled. If no, what was the student's last date of attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of School: \_\_\_\_\_

Name of School Official: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date \_\_\_\_\_