

4200 Farm Hill Blvd, Bldg 3, Room 103, Redwood City, CA, 94061, Tel: 1-650-381-3544, Fax: 1-650-381-3518, Email: caninternational@smccd.edu

If you are a student in F-1 student status and intend to transfer from another institution to Cañada College, you must submit this form. Please complete the Student Information section and have the Designated School Official (DSO) at the International Student Office in your previous institution complete the bottom section. In order to be eligible for a school transfer, this information must be completed and returned to Cañada College before an I-20 can be issued.

TO BE COMPLETED BY STUDENT

NAME:	DATE OF BIRTH:	
LAST NAME	FIRST NAME MM/DD/Y	
I authorize you to provide Caña	da College with the information requested below. It is my inten	tion to
enroll in Cañada College in the	□ Fall □ Spring 20 semester.	
SIGNATURE:	DATE:	
TO BE CO	/IPLETED BY DESIGNATED SCHOOL OFFICIAL (DSO)	
The above named stu	dent has requested a SEVIS Transfer to attend Cañada College.	
Please provide the fo	lowing information and release the student's SEVIS record to:	
"Caŕ	ada College" School Code: SFR214F00580000	
This form may be faxe	d to 650-381-3518 or emailed to <u>caninternational@smccd.edu</u> .	
NAME:		
	FIRST NAMETOSEVIS RELEASE DATE:	
□ The student is in active SEVI	status and is \Box enrolled full-time or \Box approved for RCL.	
□ The student is out-of-status	and a reinstatement to F-1 status was filed to USCIS and is pendi	ng.
□ The student is out-of-status.	(Please call Cañada College before transferring SEVIS record.)	
□ The student has been autho	ized for the following Practical Training:	
CPT	OPT From To	
		-
Name & Title of DSO:		_
Name of Institution:		_
Address:		_
Phone Number:	E-mail:	_
Signature:	Date:	