CYPRESS COLLEGE
International Students Program
F-1 Student Transfer Eligibility Form

International Students Program
9200 Valley View Street
Cypress, CA 90630

Tel :(714) 484-7049
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Email: international@cypresscollege.edu

SECTION I: To be Completed by Student

Student Name: _____
Last/Surname **First/Given Name** **Middle Name(s)**

Date of Birth: ____/ ____/ ____
mm/ dd/ yyyy

Phone Number: _____ **Student E-mail:** _____

Authorization to release student information

_____ _____
Student Signature ***Date (mm/dd/yyyy)***

SECTION II: To Be Completed by DSO at Current School

Please do not release the student's SEVIS Record at this time. Once the student is admitted at Cypress College, we will notify you. Thank you.

SEVIS ID: _____ **Dates of Attendance: From**_____ **To**_____

_____ Student is currently in status and eligible to transfer

_____ Student is out of status

_____ Practical Training Authorization: ❑None ❑CPT ❑OPT Dates: _____

Comments: _____

_____

School Name: _____

Address: _____

DSO Name & Title: _____

DSO Signature: _____

Date: _____ **Email:** _____

Phone Number: _____ **Fax Number:** _____