CCa California College of the Arts

Request for Release of SEVIS record

TO BE COMPLETED BY AN INTERNATIONAL STUDENT TRANSFERRING THEIR SEVIS RECORD TO CCA

Student Name: _____ CCA ID #: _____

I intend to transfer to California College of the Arts for the _____ semester.

I hereby grant permission for the information requested to be made available to California College of the Arts, school code *SFR214F00605000*.

Student signature _____ Date _____

TO BE COMPLETED BY USCIS DESIGNATED SCHOOL OFFICIAL

The above named student intends to transfer to California College of the Arts for the semester stated above. The college is requesting the following information so that we may determine the student's eligibility to transfer.

Sevis Number: _____ Sevis Record Release Date:_____

❖ Was the student registered for a full course of study at your institution?

If yes, please indicate dates of enrollment: from _____ to _____

If no, please list dates of authorized reduced course load (s). from _____ to _____

❖ Has the student taken any leaves of absence? (academic, personal or medical) If so, please list in comments below.

❖ Was the student approved for any periods of practical training?

CPT: _____ Pre Completion/Post Completion OPT: _____

❖ Is the student currently in active F-1 status?   yes   no   (if no, please explain in comments)

Comments:

_____

_____

_____

Name and Title: _____

Institution: _____ Tel: _____

E-mail: _____

DSO Signature _____ Date _____

Thank you!

Please upload the completed document in Workday (Look for I-20 Request task in Workday Inbox)
Or contact the ISAP Office: isap@cca.edu