# TRF

**Office of International Student Services**


**South Baylo University**

❑ **Main Campus**: 1126 North Brookhurst Street, Anaheim, CA 92801-1701
**Tel**: 714-533-1495 **Fax**: 714-533-6040

❑ **Los Angeles Campus**: 2727 W. 6th St., Los Angeles, CA 90057-3139
**Tel**: 213-738-0712 **Fax**: 213-480-1332


## TRANSFER RELEASE FORM for F-1 Students Transferring in to the South Baylo University

**Transfer Procedures:**

1. Complete section 1 of this form.
2. Contact the international student office at your current school and determine an appropriate "release date" for your transfer.
3. Have an international student adviser at your current school complete section 2 of this form and **fax (714-533-6040) or email (seonk@southbaylo.edu) to the SBU International Student Advisor.**

### Section 1 - Student should complete the section 1 below.

**Student Name:** _____
*Last* *First* *Middle*

**Date of Birth:** _____/_____/_____
*Month* *Day* *Year*

**Term of Admission at SBU:** ❑ Winter ❑ Spring ❑ Summer ❑ Fall Year: _____

I authorize my current institution to provide the information requested below to the South Baylo University.

Student's Signature: _____ Date: _____/_____/_____
*Month* *Day* *Year*

### Section 2 – International Student Advisor (DSO) should complete the section 2 below.

- **Is this student in valid F-1 status and is eligible to transfer?** ❑ No ❑ Yes
- **Has the student been authorized for a reduced course load in SEVIS?** ❑ No ❑ Yes
- **Has the student been authorized for practical training?** ❑ No
  ❑ Yes: ❑ CPT ❑ OPT Date: _____/_____/_____
  *Month* *Day* *Year*
  Program Level: _____
- **What is the student's last date of enrollment (or OPT) at your school?** _____/_____/_____
  *Month* *Day* *Year*
- **Student's SEVIS ID#:** _____ **Transfer Release Date:** _____/_____/_____
  *Month* *Day* *Year*

Transfer the student's record to: **"South Baylo University" (School Code: LOS214F01116000)**

_____
*Name and Title of DSO:*

_____ _____/_____/_____
*Signature of DSO* *Month* *Day* *Year*

**Name of Institution:** _____

**Address of Institution:** _____

**Phone Number:** _____ **Email:** _____