CALUMS
CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

Tel: 714-533-3946 **Fax**: 714-533-7778
Website: www.calums.edu **Email**: info@calums.edu
Address: 721 N. Euclid Street, Anaheim, CA 92801

TRANSFER ELIGIBILITY FORM FOR INTERNATIONAL STUDENTS

STUDENT NAME _____
Last *First* *Middle*

DATE OF BIRTH _____ **SEVIS ID#** N_____
Month *Day* *Year*

TO THE INTERNATIONAL STUDENT ADVISOR

In accordance with the regulations of the U.S. Citizenship and Immigration Services, please provide the information requested below to certify the eligibility for transfer of the above student. Kindly mail this form to: **The Foreign Student Advisor, California University of Management and Sciences, 721 N. Euclid Street, Anaheim, CA 92801**. Hand-carried form will be accepted if it is in a sealed envelope with the school advisor's signature.

Please note that you will receive the acceptance letter from CalUMS only after we have received this completed document. DO NOT transfer-out the SEVIS record of the student until you receive our acceptance letter.

CALUMS SEVIS INFORMATION:
School Name: California University of Management & Sciences
School Code: LOS214F18380000

I-20 Release Date: _____

This student is currently ☐ IN STATUS ☐ NOT IN STATUS ☐ COMPLETED

This student was enrolled full-time and he/she is eligible for transfer. ☐ YES ☐ NO

If no, please explain _____

Is the student under OPT? ☐ YES ☐ NO OPT Start date: _____ OPT End date: _____

DURATION OF ATTENDANCE FROM _____ TO _____

NAME OF INSTITUTION _____

ADDRESS _____

_____

PHONE #: ( ) _____ **FAX #:** ( ) _____

SCHOOL I.N.S. FILE #: ____ ____ ____ **214 F**____ ____ ____ ____ . ____ ____ ____ .

NAME : _____

TITLE : _____

EMAIL : _____

_____
SIGNATURE

_____
DATE

Affix School Seal