

**CLEVELAND STATE UNIVERSITY**  
**F-1 GRADUATE STUDENT TRANSFER RELEASE FORM**

**TO: All F-1 Student Applicants Transferring From a U.S. Institution to CSU.**

As part of the application process to Cleveland State University, we must determine and verify your F-1 status with your previous institution. Complete **Section I** and give this form to your international student advisor at your current/previous school to complete **Section II**. The completed form must be mailed or faxed to the CSU's **Office of International Admissions** at (216) 687-5449.

**IMPORTANT:** We cannot issue your I-20 for transfer until your SEVIS record has been released from your current institution and until we receive the completed Transfer Form verifying your status. **Issuing your I-20 after the release date could take a few weeks. Please allow ample time.**

**Section I – TO BE COMPLETED BY STUDENT (Please legibly PRINT all information requested.)**

CSU Viking ID: \_\_\_\_\_ Entry Term:  Fall  Spring  Summer

**Student's Name** \_\_\_\_\_

(As it appears in passport) Last Name/Family Name/Surname      First Name      Middle Name      Country of Citizenship

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**I request and authorize my present international student advisor (or Designated School Official) to provide the information below as part of my application for transfer to Cleveland State University and to release my electronic SEVIS record.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II– TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:**

Student's SEVIS ID Number \_\_\_\_\_ Last date the student was enrolled at your institution? \_\_\_\_\_

Did the student graduate? (Y/N) \_\_\_\_\_ Term/year \_\_\_\_\_

**Is the student currently in F-1 status?**

\_\_\_\_ Yes, SEVIS Transfer Release Date: \_\_\_\_\_ **\*\*I-20 will not be issued without appropriate release date.\*\***

\_\_\_\_ No, has a reinstatement application been filed? (Y/N): \_\_\_\_\_ Date of termination in SEVIS: \_\_\_\_\_

**History of Work Authorization:**

1. Curricular Practical training \_\_\_\_ Yes \_\_\_\_ No Dates of authorization: \_\_\_\_\_ Full-time/Part-time \_\_\_\_\_

2. Optional Practical training \_\_\_\_ Yes \_\_\_\_ No Dates of authorization: \_\_\_\_\_ Full-time/Part-time \_\_\_\_\_  
(Attach copies of pages 1 & 3 of I-20 and OPT card)

**NOTE:** All authorized employment at the current school will end once your SEVIS record has been released to CSU. If you are on approved Optional Practical Training (OPT), your OPT cancels out on the release date of your SEVIS record to CSU.

**History of Reduced Course Load Authorization:**

The student was granted reduced course load (RCL) authorization? (Y/N) If yes, reason and number of months student was on RCL \_\_\_\_\_

Signature of PDSO/DSO      Date      Name, Title      Email

Name and Address of Institution      City      State      Zip Code      Tel. #

**Please mail to: Cleveland State University, Center for International Services and Programs, 2121 Euclid Ave. MC 106, Cleveland Ohio 44115 or Fax: 216-687-3965**