

# TRANSFERRING INTO EX'PRESSION

## transfer verification



ex'pression

COLLEGE FOR DIGITAL ARTS

6601 Shellmound Street  
Emeryville, CA 94608

Phone 510.654.2934 Fax 510.658.3414  
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### Part A. To be Completed by Student

If you have applied and been accepted to Ex'pression and are currently enrolled in or recently graduated from another US school, or you are finishing Optional Practical Training you must notify your current school of your desire to attend Ex'pression and request that your current school transfer your SEVIS record to Ex'pression. Your SEVIS transfer to Ex'pression must be completed within 60 days of the program end date on your I-20 Form or within 60 days of the Optional Practical Training end date.

To initiate the transfer you must complete Part A of the **Transfer Verification Form** and have your current International Office complete Part B of the Transfer Verification Form. Once completed return the **Transfer Verification Form** and the **International Student Visa Document Request Form** to your Admissions Representative. You will then complete the enrollment process.

1. Name\*: \_\_\_\_\_  
Last (Family) Name                      First (Given) Name                      Middle Name

\*Your Name must be exactly as it appears on your passport.

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_ 4. Email: \_\_\_\_\_

5. Date of Birth: (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_ 6. Country of Birth: \_\_\_\_\_

7. Expected Start Date at Ex'pression College for Digital Arts: \_\_\_\_\_

8. Name of US Institution currently attending: \_\_\_\_\_

I verify that the above information is true and correct. I hereby authorize my current Designated School Official or other responsible officer to provide Ex'pression College for Digital Arts with the information requested in Part B of this form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date: (mm/dd/yyyy)

**Part B. To be Completed by Current International Student Advisor or Responsible Officer**

In compliance with F-1 visa regulations, Ex'pression College for Digital Arts requests confirmation of the aforementioned student's non-immigrant status before approving a transfer to our institution. Please complete this form, sign, stamp, and seal in a school envelope and return to the student. If more space is needed for explanations please attach a separate piece of paper and include the date, your signature & stamp.

**Student Information:**

- 1. Date of student's initial entry to the US (mm/dd/yyyy): \_\_\_\_\_
- 2. Is the student currently in SEVIS?       Yes       No
  - a. If yes, is the student listed as "Transfer Out"?  Yes  No
  - b. SEVIS Release Date (mm/dd/yyyy): \_\_\_\_\_
- 3. Student's SEVIS ID Number: \_\_\_\_\_
- 4. Student's program level:  Associate  Bachelor  Master  Ph.D Other: \_\_\_\_\_
- 5. Did the student maintain a full course of study?  Yes  No
  - a. If no, please provide an explanation: \_\_\_\_\_
- 6. Has the student maintained lawful non-immigrant status?  Yes  No
  - a. If no, please provide an explanation: \_\_\_\_\_
- 7. Date of graduation of completion of study (mm/dd/yyyy): \_\_\_\_\_
- 8. Please list any Practical Training:
  - CPT – Dates of Training (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - OPT – Dates of Training (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**School Information:**

Name of Institution: \_\_\_\_\_

Name of Institution as it appears in SEVIS: \_\_\_\_\_

Institution Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_      Email: \_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature      Date

Place Stamp Here