UCLA Dashew Center for International Students & Scholars

106 Bradley International Hall
417 Charles E. Young Drive West
Los Angeles, CA 90095-1379
310-825-1681

F-1 SEVIS TRANSFER IN FORM

Last Name: _____ **Given Name:** _____
(as appears on passport)

UCLA ID#: _____ **Date of Birth:** _____

SEVIS ID: N_____ **Term Admitted to UCLA:** Fall 2021

Degree Objective: ☐ Bachelors ☐ Master's ☐ Doctorate ☐ Other

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL (DSO)

School/Institution Name: _____

Address: _____
(Street Address) Building / Suite #

_____
(City) (State) (Zip Code)

When was the student's last date of enrollment at your institution? _____
Month Day Year

Is the student currently engaging in Post-Completion OPT? ☐ YES ☐ NO

- If yes, what is the student's EAD card end date? _____
Month Day Year

Has the student maintained valid F-1 status? ☐ YES ☐ NO

SEVIS RELEASE DATE
(Date SEVIS record will be released to UCLA) _____
Month Day Year

Please release the student's SEVIS record to - University of California, Los Angeles (LOS214F00297000)

Name and Title of DSO: _____

Email address: _____ Telephone #: _____

Signature of DSO: _____ Date: _____

Instructions for DSO: Return the completed SEVIS Transfer-In Form to the above-named student.

Instructions for Student: Upload the completed form to the UCLA I-20 Request Portal.