



**International Services Office**  
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# Transfer Release Form

*Students on F-1 visas wishing to transfer to Fuller Seminary must complete **Section A** and have **Section B** completed by the institution they are currently attending.*

**Section A:** *To be completed by the student*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 G \_\_\_\_\_  
 Fuller Student ID# \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B:** *To be completed by an International Advisor/DSO at student's current school*

Dates of Attendance at current school: From: \_\_\_\_\_ To: \_\_\_\_\_

1. Is the student currently in status? Yes No  
 2. Is the student eligible to transfer? Yes No  
 3. Has the student been authorized for a **medical** reduced course load in SEVIS?  
 Yes Number of Months: \_\_\_\_\_ Degree Level: \_\_\_\_\_  
 No  
 4. Has the student been authorized for practical training?  
 Yes \_\_\_\_\_ [Full-Time CPT] \_\_\_\_\_ [OPT]  
 No

Name of School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
 Print Name and Title of PDSO/ DSO

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

**SEVIS Information:**

SEVIS ID#:   N   School File #:   214F  

Release Date: \_\_\_\_\_ Please release to Fuller Theological Seminary LOS 214F 00841000.