



CALIFORNIA ARTS UNIVERSITY

TRANSFER ELIGIBILITY FORM

4100 W. Commonwealth Avenue #101, Fullerton, CA, 92833 Phone: 714-222-1110 Fax: 714-907-1511 E-mail: info@cauniv.edu

STUDENT INFORMATION

Student's Name _____
Last First Middle Initial

Date of Birth: _____ SEVIS ID #: N _____ Phone #: _____

Current School Name: _____

INDICATE THE YEAR AND TERM: 20_____

Winter Spring Summer Fall

Student's Signature

Date

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL (DSO)

Date of student's last enrollment at your institution: _____

Has the student maintained valid F-1 status? Yes No

If No, please indicate the reason: _____

Is the student currently on Post-Completion OPT? Yes No

If Yes, When is the student's OPT end date? _____(MM/DD/YYYY)

SEVIS Release Date: _____

Please release student's SEVIS record to "California Arts University (LOS214F56886000)"

Name of DSO: _____ Date: _____

School Address: _____

Telephone #: _____ E-mail address: _____

Signature of DSO: _____

PLEASE E-MAIL THIS FORM TO joychung7@yahoo.com

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