



CALIFORNIA TRINITY UNIVERSITY

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NOTICE OF INTENT TO TRANSFER

School Code: LOS214F16220000

Student Name: _____, _____ DOB: _____ - _____ - _____
Last First Month Day Year

SEVIS #: N _____

I hereby authorize the release of my information to California Trinity University (CTU). This form is to acknowledge that I have requested a SEVIS transfer to CTU. **Please fill out this form and send it to California Trinity University by fax or email.**

Student Signature: _____ Date: _____

----- Below to be completed by Foreign Student Adviser -----

Name of School: _____

Address: _____

School SEVIS Code: _____

When will this student's enrollment or OPT end? _____

The student's SEVIS status is currently;
in status _____ / not in status _____ Please explain: _____

- Please do not transfer the student records if his/her current status is "Terminated" or "Completed."

Student SEVIS ID #: _____ Release Date: _____

Name and Title: _____

Signature: _____ Date: _____

Phone #: _____ Official Seal

California Trinity University SEVIS Code: LOS214F16220000