



# 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\*