

### Student's Instructions for Completing the Transfer Eligibility Form

Please complete this form with your current post-secondary school's International Student Advisor or DSO to be attached to your College of Southern Idaho's application. If you have any questions while completing this form, please email CSI's International Student Services at [internationalprogram@csi.edu](mailto:internationalprogram@csi.edu).

*College of Southern Idaho is not asking for your SEVIS record to be transferred at this time.*

#### Student Section:

I hereby give permission for \_\_\_\_\_ to release the following information,  
*(Name of your current post-secondary school)*  
indicated in the International Student Advisor or DSO section below, to the College of Southern Idaho.

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

#### International Student Advisor or DSO Section:

*Thank you for your assistance in supporting this student's transition to the College of Southern Idaho.*

CSI's SEVIS School Code: HEL214F00152000 Student's VISA Classification:  F-1  J-1

Current I-20/DS2019 Program End Date: \_\_\_\_\_ SEVIS Transfer Release Date: \_\_ / \_\_ / \_\_

Yes  No The student has maintained status and is eligible for transfer to the College of Southern Idaho.

Yes  No The student is currently enrolled at your institution.  
If no, what was the student's last date of attendance: \_\_ / \_\_ / \_\_

Comments: \_\_\_\_\_

Name of Post-secondary Institution: \_\_\_\_\_

Printed Name of Institution's Official: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

#### International Student Advisor or DSO, please send the completed form either by:

1. The student attaching the completed form onto their CSI application
2. By mail: College of Southern Idaho, International Programs, 315 Falls Ave, Twin Falls, ID 83303
3. By email: [internationalprogram@csi.edu](mailto:internationalprogram@csi.edu)
4. By fax: 208-736-3014