

**Status Verification From A Transferring International Applicant's Current Institution** cal poly, san luis obispo

Applicant's Name \_\_\_\_\_  
Last Name or Family Name First Name

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

I understand that this information must be provided by a designated school official at my present school. And I grant permission for my present school to release the information requested on this form to Cal Poly, San Luis Obispo.

\_\_\_\_\_  
 Applicant's signature Date

The following information is for the student whose name is listed above.

YES NO  
  Student is presently maintaining full-time enrollment and is in good academic standing at your institution.

YES NO  
  To the best of your knowledge, is the student in lawful status based on BCIS regulations?

YES NO  
  Student had not and is presently not under disciplinary action by the university?

YES NO  
  Had student participated in any authorized practical training?

Student's current I-20 expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student's SEVIS #: \_\_\_\_\_  
MM DD YYYY

Last date the student will be attending your institution: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Current institution's SEVIS Release Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPLETED BY**  
 (Applicant's Current Institution's Designated School Official)

\_\_\_\_\_  
Name (Please Print) Title

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

Institution Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

**SEND TO**  
 (Applied-to Institution)

**Cal Poly Admissions Office**  
**San Luis Obispo, CA 93407**

Tel: (805) 756-2311 Fax: (805) 756-5400 /ipi (10-20-2003)