
Student Information: *To be completed by student transferring to Cogswell College once accepted.*

Surname/Last Name	First and Middle Name	
<hr/>		
Address	Apartment #	
<hr/>		
City	State	Zip Code
<hr/>		<hr/>
E-mail Address	Home Phone	Cellular Phone
<hr/>		<hr/>
Country of Birth	Country of Citizenship	Date of Birth (DD/MM/YYYY)
<hr/>		<hr/>

College/University Information Transferring From: *To be completed by the Designated School Official.*

Name of Institution _____

Address _____

City	State	Zip Code
<hr/>		<hr/>

SEVIS School Code: _____ Telephone: _____

- Dates of Attendance (current or previous): From ____/____/____ To ____/____/____
- Student is currently in-status: Yes No
- If student is currently not in-status please provide reason: _____

- Date of SEVIS Record Release: ____/____/____
- An Optional Practical Training EAD dates: From ____/____/____ To ____/____/____

Additional Comments: _____

Name and Title of Designated School Official	Signature and Date
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Please return completed form to:

Cogswell Polytechnical College
Attn: Registrar/Designated School Official
191 Baypointe Parkway
San Jose, CA 95134
registrarsoffice@cogswell.edu
Fax: 408-877-7373