



An applicant who is currently studying at an academic institution in the United States on a F-1 student visa and who intends to transfer to Five Branches University is required to submit an International Student Transfer Release form.

**Applicant Information** (To be completed by Applicant)

Name (Please write your name as it appears on your passport) \_\_\_\_\_ Social Security Number (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Day or Message Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Five Branches campus you are applying to \_\_\_\_\_

I authorize the Academic Institution listed below to release the necessary student information to facilitate my transfer to Five Branches University.

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

**Academic Institution** (To be completed by Academic Institution)

The Applicant as indicated above was enrolled at this institution for the time period of \_\_\_\_\_  
Please indicate semesters and years

Did the student maintain full time status in the semester prior to transfer?  Yes  No If no, please explain:

Academic Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Academic Institution Representative Name \_\_\_\_\_ Title \_\_\_\_\_

I certify that the information provided is true and correct.

Academic Institution Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail directly to the appropriate Five Branches University campus, Attention: Admissions Office

SEVIS School Code for the Santa Cruz campus: SFR214F01348000

SEVIS School Code for the San Jose campus: SFR214F01348001

**Santa Cruz Campus**

200 Seventh Avenue, Santa Cruz, CA 95062 USA  
(831) 476-9424 ■ Fax: (831) 476-8928  
admissions@fivebranches.edu

**San Jose Campus**

3031 Tisch Way, Suite 507, San Jose, CA 95128 USA  
(408) 260-0208 ■ Fax: (408) 261-3166  
sjadmissions@fivebranches.edu