

INTERNATIONAL STUDENT CENTER TRANSFER ELIGIBILITY FORM



For students transferring directly from one college or school to another in the U.S.A. Please type or write legibly in blue or black ink. Do not leave any section blank.

STUDENT INFORMATION: Must be filled by student.		
Last Name (Surname):	First Name:	Middle Name:
SEVIS ID Number:	Date of Birth: (MM/DD/YYYY)	
Preferred Email Address:	Phone Number:	

CURRENT STATUS VERIFICATION	
To be completed by current school's PDSO/DSO. Please print or type student's information.	
Note: DO NOT release student's SEVIS record until you have proof of acceptance from us.	
Dates of Attendance: From:	To:
Please answer the following questions:	
1. Is the student currently maintaining full-time/good status?	☐ Yes ☐ No
2. Is the student seeking reinstatement?	☐ Yes ☐ No
3. Has the student been authorized for Reduced Course Load (RCL)? If yes, how many semesters? _____	☐ Yes ☐ No
4. Does student current have any outstanding financial obligation at your school?	☐ Yes ☐ No
5. Has the student been approved for Optional Practical Training (OPT)? *If yes, please provide dates: From: _____ To: _____	☐ Yes* ☐ No
6. LATTC may request student's I-20 to be released on/after (provide date): _____	

<u>Los Angeles Community College District</u> , Los Angeles Trade-Technical College	
LATTC SEVIS ID NUMBER: LOS214F00802000	
Name and Title of PDSO or DSO:	
Institution:	SEVIS School Code:
Institution Address:	
Phone Number:	E-mail Address:
DSO or PDSO Signature	Date: (MM/DD/YYYY)
☐ I certify all information is true and correct to the best of my knowledge.	

OFFICE USE ONLY	
Processed by:	Date:
I-20 released on:	