



1950 Third Street  
La Verne, CA 91750  
+1.909.448.4331  
Fax: +1.909.448.1669  
[oiss@laverne.edu](mailto:oiss@laverne.edu)

*Knowledge Service Vision*

## Transfer Form

If you are transferring to the University of La Verne from another school in the United States, please complete this form. Student fills out items 1-9. The international student advisor or DSO from your last or current school completes items 10-18. This form may be faxed, mailed, or hand delivered to the OISS at the University of La Verne. Transfer to La Verne must be completed **within 15 days of the first day of class**. When all the requirements for admission and transfer are completed, you may register for classes.

### To be completed by the Student:

1. Name: \_\_\_\_\_  
FAMILY Name GIVEN Name
2. Date of Birth (mo/day/yr): \_\_\_\_\_ 3. SEVIS ID #: \_\_\_\_\_
4. U.S. Phone #: (\_\_\_\_) \_\_\_\_\_ 5. E-mail: \_\_\_\_\_  
(please print carefully)
6. Current U.S. Address: \_\_\_\_\_  
\_\_\_\_\_
7. I plan to enroll: Fall \_\_\_\_; Winter \_\_\_\_; Spring \_\_\_\_; Summer \_\_\_\_ Term/Semester; Year \_\_\_\_\_
8. I request that my SEVIS record be transferred on the following date: \_\_\_\_\_
9. I authorize you to provide the University of La Verne with the information requested below. It is my intention to transfer to a program at the University of La Verne.

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

### To be completed by the Designated School Official:

10. Name of School Official: \_\_\_\_\_ Title: \_\_\_\_\_
11. Name of Institution: \_\_\_\_\_
12. Address: \_\_\_\_\_
13. Phone #: \_\_\_\_\_ 14. E-Mail: \_\_\_\_\_
15. Student's Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_
16. What is the SEVIS release date for this student? \_\_\_\_\_
17. Has the student ever applied for Practical Training? Yes\_\_ No\_\_ Dates: From \_\_\_\_\_ To: \_\_\_\_\_
18. Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of Designated School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Office of International Services and Engagement