

TRANSFER INSTRUCTIONS AND TRANSFER FORM

University of La Verne/1950 Third Street; La Verne, CA 91750

Telephone 909/593-3511 Ex. 4330; Fax Number: 909/392-0713

If you are transferring to the University of La Verne from another school in the United States, please complete this transfer 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 ISAC at the University of La Verne. Transfer to ULV 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 _____
Last (family) name _____ First (given) name _____
2. Date of Birth mo / day / yr _____ 3. Country of Citizenship _____
4. Country of birth _____ 5. SEVIS Number _____
6. Address in Home Country: _____
7. I plan to enroll at ULV 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. Fax: () _____
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 _____

Immigration/Forms/Transfer form/ January 2, 2008