

East Los Angeles Community College

1301 Avenida Cesar Chavez, Monterey Park, California 91754-6099 ~ (323) 265-8650

International Student Office ~ Tel: (323) 265-8796 Fax: (323) 260-8192

Transfer Status Verification

Dear Applicant:

Semester intending to apply: Fall 20 ___ Spring 20 ___

Please complete this form. All students who are currently on a **F-1 visa** and wish to transfer to East Los Angeles College must have this status verification form completed.

Name: _____, _____ Birth Date: ____/____/____
Last/Family First Middle Month Day Year

SEVIS # N _____ Admission # (I-94): _____

Please provide the following information and fax or mail return this form to the above address.

1. Your current school name _____
2. When is your current semester/session end: _____
3. Are you currently? In status ___ Not in status ___ OPT _____ (ending date _____)
If none of the above, please explain: _____
4. Are you studying in a college/university academic program _____ Yes _____ No
If your answer is **no**, please skip to question 5.
How many units you have completed _____ and how many units are you currently enrolled _____
What is your current GPA _____ not including this semester/quarter?
5. If you are in ESL studies, how may levels of ESL does your school offer? _____
Which level are you currently in? _____
6. Have you met all financial obligations with your current institution?
Yes _____ No _____ If no, why _____

Please tell us if there is anything you need to tell us that we did not include in this form (additional information):

Current Phone # (____) _____ Email: _____@_____

Certification – I declare under penalty of perjury that all information on this form is correct. I understand that falsifying or withholding information required on this form shall institute grounds for dismissal.

Signature: _____ Today's Date: ____/____/____