MOST PROME

Tel: (323) 265-8796 Email: elac_iso@elac.edu

Intent to Transfer In Form

		Student is acc	cepted for: Fall 20	O Spring	g 20	
Student, please read fully and sign in East Los Angeles College must have			•		_	
Name:						
Last	First		Middle			
SEVIS #: N	Admiss	sion # (I-94):				
Current Address:						
Email address:			Cell #			
Day phone	Eveni	ng phone				
Will you travel out of the country be If Yes, please provide your traveling						
Student Signature:		Date:	Month	Day	Year	
This is to verify that the above-name accepted to our institution. (See attarecord to East Los Angeles College. Please do not transfer Inactive record	nched letter) Please producted SEVIS school code ls to ELAC.	vide the followi is LOS214F003	ing information a 337000.	and transfer th	e student's	
Student's Name:		SEVIS ID: N				
The student has been authorized for l	Reduced Course Load:			YesNo		
The student is in good standing with	USCIS and is maintaining	ng his/her F-1 vi	sa status:	YesNo		
Last date of attendance:	Transfer Release Date:					
Comments:						
DSO's Name:		Title:				
DSO's Signature:			Date:			
Name of Institution in SEVIS:		SEVIS School Code:				
School Address:						
Tel: () Fax:		Email:				