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: _____________________________________________________________

   Last (family) Name ____________________________________
   First (given) Name _____________________________________

2. Date of Birth: mo/day/yr ___________________

3. SEVIS Number: ________________________________________________

4. U.S. Phone Number: (____) ___________ ___

5. Email Address: ________________________________________________

   (please print carefully)

6. Home Street Address (in Home Country): _________________________________________________________

7. I plan to enroll at La Verne 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 ___________

INTERNATIONAL STUDENT SERVICES