

TRANSFER-IN RECOMMENDATION FORM

If you are planning on transferring from a school in the United States, you must complete the transfer application process by having this Transfer-In Recommendation Form completed. If this form is not returned, we cannot complete your transfer application process.

To Be Completed By Student:

Student Name		SEVIS ID Number				
Family Na	me	First Name				
Address						
Number &Stre			State/Province	Country	Zip Code	
Email Address			Telephoi	ne		
Student Signature			Date			
Student Signature		Month/Date/Year				
TO BE COMPLETED BY A	N F-1 INTERNATIONAL S	TUDENT DESIGNAT	TED SCHOOL OFF	CIAL (DSO):		
NOTE: This form is NOT	<u>a Transfer Release Form</u>	<u>ı. DO NOT release s</u>	student's SEVIS re	cord until you have	proof of acceptance	
		-		_		
Enrolled in 🗌 ACADEN		Dates of Attend	dance: From	10	0	
Select One 📋 FULL TI	ME DART-TIME	If part-time, plea	ase explain			
If student is in ESL studie	es, how many levels of Es	SL do you offer?	What i	s the student's curre	nt level?	
	, ,					
If the student is in high s	chool studies, please pro	ovide student gradu	ation date:			
				_	_	
The student has been au	thorized for Reduced Co	urse Load (RCL):		Yes 🔄	No	
The student is in good st	anding with LISCIS and is	s maintaining his/he	ar F_1 status:	Yes 🗌	No	
If No, please explain						
Please list all beginning a	and ending dates of prac	tical training: OPT	Start Date	Er	nd Date	
~			Charth Data	-	ad Data	
Ĺ	CPT (Please circle Full Tim	e or Part Time)	Start Date	E	nd Date	
Comments you feel wou	ld be appropriate:					
Name of Institution in CC	->//C		School SEVIS Code			
Name of institution in SE	.VIS					
Address						
	Number & Street	City		State	Zip Code	
Telephone Number	Fax Ni	umber	Email /	Address		
DSO Name and Title						
DSO Signature				Date		
					Month/Date/Year	
**Official SEVIS record re	elease date: Upon receir	ot of PCC's Accepta	nce Letter and (if	required) student's	written request.	
		II Paper Work Requests				

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