AMERICAN LANGUAGE AND CULTURE INSTITUTE
California State University San Marcos UARSC

American Language and Culture Institute
California State University San Marcos
333 South Twin Oaks Valley Road
San Marcos, California 92096-0001 USA
***Tel:** 760 750-3200; **Fax**: 760 750-3779*
alci@csusm.edu
www.csusm.edu/alci

VERIFICATION OF ELIGIBILITY TO TRANSFER

I request and authorize my International Student Advisor to provide the information requested below in order for me to complete my transfer to the American Language and Culture Institute.

Name: _____ SEVIS ID Number: _____
Last (family name) First Middle

Signature: _____

The following section is to be completed by the International Student Advisor

Student's Admission (I-94) Number: _____

Dates of Attendance: _____ to _____

Program end date: _____ Release date entered in SEVIS: _____

Did the student maintain full-time status (please circle)? Yes / No

Is the student eligible to transfer (please circle)? Yes / No

Comments: _____

Name:_____ Title: _____

Signature: _____ Date: _____ Email address: _____

Name of Institution: _____

Mailing Address: _____

_____

Phone Number: _____ Fax Number: _____

Please mail or fax completed form to: American Language and Culture Institute, California State University San Marcos, San Marcos, CA 92096-0001; fax: 760 750-3779.

Note: If the student is applying for or been granted conditional admission to California State University San Marcos, please release their record to: California State University San Marcos - California State University San Marcos, SND214F00326000.

If the student will attend the English language program, please release their record to: California State University San Marcos - American Language and Culture Institute, SND214F00326001.