

VERIFICATION OF ELIGIBILITY TO TRANSFER

I request and authorize my former 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: _____
Last (family name) First Middle
Signature: _____

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

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

SEVIS ID Number: _____

Dates of Attendance: _____ to _____

Program end date: _____ Release date: _____

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.