



California State University SAN MARCOS

American Language and Culture Institute, California State University San Marcos
San Marcos, CA 92096-0001
Phone: 760-750-3200
Fax: 760-750-3779
Email: 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

Dates of Attendance: _____ to _____

Program end date: _____ SEVIS release date: ___/___/___ or upon acceptance

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 send completed form to: American Language and Culture Institute, alci@csusm.edu; fax: 760 750-3779.

Once accepted, please release the SEVIS record to:
California State University San Marcos - American Language and Culture Institute, SND214F00326001.