

California State University SAN MARCOS

American Language and Culture Institute, California State University San Marcos San Marcos, CA 92096-0001

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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 of CSU San Marcos.

Name:	Last (family name)	SEVIS ID Number: First Middle	
	Last (ramily name)	First Middle	
Signature	:		
The follow	wing section is to be co	mpleted by the International Student Advisor at your current schoo	! :
Dates of A	Attendance:	to	
Program e	end date:	SEVIS release date:/ or upon accep	tance
Did the st			
D.G. C.I.C 50	tudent maintain full-tir	me status (please circle)? Yes / No	
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Is the stud	dent eligible to transfe	, , , , , , , , , , , , , , , , , , , ,	
Comment Name:	dent eligible to transfe	er (please circle)? Yes / No	_
Commental Name:	dent eligible to transfe	er (please circle)? Yes / No Title:	- -
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Please send completed form to: American Language and Culture Institute, as a scanned email attachment to alci@csusm.edu. Thank you.

Once accepted, please release the SEVIS record to:

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