## **East Los Angeles Community College**

1301 Avenida Cesar Chavez, Monterey Park, California 91754-6099 ~ (323) 265-8650

International Student Office ~ Tel: (323) 265-8796 Fax: (323) 260-8192

## **Student Status Verification**

Dear Applicant:	Semester intending to apply: Fall 20 Spring 20				
Please complete this form. All Angeles College must have this		•	<b>isa</b> and wish to	o transfe	er to East Lo
Name: .		Bir	Birth Date:		/
Name:, Last/Family	First	Middle	Month	Day	Year
SEVIS # <b>N</b>	Admission # (I	-94):			
Please provide the following info	ormation and fax or m	ail return this form t	to the above add	lress.	
1. Your current school nam	e				
2. When is your current sen	nester/session end:				
3. Are you currently? In star If none of the above, p					
4. Are you studying in a coll If your answer is <b>no</b> , pleat How many units you have What is your current GPA	ase skip to question 5. The completed	_ and how many uni	ts are you curre		olled
5. If you are in ESL studies, Which level are you curr			offer?		
6. Have you met all financial Yes NoIf n	_				
Please tell us if there is anything information):	you need to tell us the	at we did not include	e in this form (a	dditiona	1
Current Phone # ()	Email:		@		
Certification – I declare under po falsifying or withholding inform					erstand that
Signature:		Today's	Date: /	/	

09/09