



# 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

## NOTICE OF INTENT TO TRANSFER

Student is accepted for: Fall 20 \_\_\_\_ Spring 20 \_\_\_\_

Please read fully and sign in the area below. All students who are currently on an F-1 visa and is transferring to East Los Angeles College must have this Intent to Transfer form completed by the institution you were last authorized to attend.

Name: \_\_\_\_\_, \_\_\_\_\_ SEVIS #: N \_\_\_\_\_  
Last First Middle

Admission # (I-94): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_ Cell # \_\_\_\_\_ - \_\_\_\_\_

Day phone \_\_\_\_\_ - \_\_\_\_\_ Evening phone \_\_\_\_\_ - \_\_\_\_\_

Will you travel out of the country before starting your program at ELAC: \_\_\_\_ Yes \_\_\_\_ No

If Yes, please provide your traveling date: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Year

### Dear International Student Advisor:

This is to verify that the above named student has applied for admission to East Los Angeles Community College and we confirmed he/she is accepted to our institution. (See attached letter) Please provide the following information and transfer the student's record to East Los Angeles Community College. Our SEVIS school code is LOS214F00337000.

Student's Name: \_\_\_\_\_, \_\_\_\_\_ SEVIS ID: N \_\_\_\_\_

The student has been authorized for Reduced Course Load: \_\_\_\_ Yes \_\_\_\_ No

The student is in good standing with USCIS and is maintaining his/her F-1 visa status: \_\_\_\_ Yes \_\_\_\_ No

Last date of attendance: \_\_\_\_\_ Transfer Release Date: \_\_\_\_\_

Comments: \_\_\_\_\_

DSO's Name: \_\_\_\_\_ Title: \_\_\_\_\_

DSO's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Institution in SEVIS: \_\_\_\_\_ SEVIS School Code: \_\_\_\_\_

School Address: \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Place School Seal or Stamp In This Area