

Prospective Student: **Please submit this form to the International Student Advisor at the school you are currently attending. Then turn in the completed form in to the American Language office with your other application documents.**

To: INTERNATIONAL STUDENT ADVISOR

Subject: NOTICE OF INTENT TO TRANSFER

1. Name of Student _____

2. Student's current address _____

3. Admissions Number on I-94 _____

4. Has the student been registered in SEVIS? Yes No

If yes, SEVIS ID Number _____

5. Name of School _____

6. Address of School _____

Phone # _____ Email Address _____

7. School File Number ___ 2 1 4 F ___ - ___

8. Dates of Attendance at your school _____

9. Did the student maintain full-time status? Yes No

10. Does the student have any outstanding financial obligations to your school? Yes No

11. Type of program in which the student is enrolled (i.e. English Language, Undergraduate, Graduate, etc...)

12. Please release student record to "California State University, Long Beach American Language Institute at CSULB". **School Code: LOS214F00361001.**

SEVIS Release date: _____

Date completed: _____

Printed Name of DSO/Advisor

Signature of DSO/Advisor

**College of Professional and Continuing Education
American Language Institute**

6300 State University Drive, Suite 104, Long Beach, CA 90815 | 562.985.8424 | CPaCE-ALIPPrograms@csulb.edu