

LOS ANGELES CITY COLLEGE INITERNATIONAL STUDENT PROGRAM

INTENT TO TRANSFER-IN FORM

Dear Applicant to LACC:

All students who are currently in the U.S. on an F-1 visa and wish to transfer to Los Angeles City College must have this form completed by the institution they were last authorized to attend.

Student/Applicant Information:			
Family Name: F	'irst Name:	Middle Name:	
Date of Birth (mm/dd/yyyy):SEVIS ID:			
Dear International Student Advisor:			
This form is to verify that the student named al LOS214F00320000). Please provide the follow		Los Angeles City College (SEVIS scho	ool code
Name of Institution:			
Address:			
Phone:	Fax:		
Dates of current session or last session attended	l: From:	To:	
Anticipated last day of attendance:			
Student is currently (Check One): In status	Not in status		
If not in status, please explain why:			
Authorized periods of OPT (if applicable): Fro	om	То	
Authorized periods of CPT (if applicable): Fro	m	To	
SEVIS ID #:	SEVIS Release Date: _		
Print Name/Stamp or Seal	Signature	Date	