



# FULLERTON C O L L E G E

International Student Center  
321 East Chapman Avenue  
Fullerton, CA 92832-2095  
tel: 714.992.7078  
fax: 714.992.9927  
email: isc@fullcoll.edu

## TRANSFER ELIGIBILITY FOR F-1 STUDENTS

### Section A: to be completed by Fullerton College applicant

Applicant, please complete this section. Then give this form to your school official to complete Section B.

Student Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Passport Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date ( MM / DD /YYYY )

### Section B: to be completed by International Advisor/DSO at the last institution attended

The above named student is currently applying for admission to Fullerton College. In compliance with USCIS regulations, we are requesting confirmation of the student's current status at your institution. Please note that s/he has *not yet* been accepted to our school. Please wait to transfer the student's SEVIS record until after the student has received an acceptance letter from us.

Name of Institution: \_\_\_\_\_

\_\_\_\_\_  
Institution Address City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number E-mail Address

Dates of attendance: \_\_\_\_\_

Specify the type of program:  High School  Language School  College/University  Other: \_\_\_\_\_

Authorized periods of Practical Training:  None  CPT  OPT Dates: \_\_\_\_\_

The student is **in status** and is/has been pursuing a full-course of study and is eligible to transfer.

The student is **out of status**. Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
School Official Name Title

\_\_\_\_\_  
School Official Signature Date