



901 East Alosta Avenue  
 PO Box 7000  
 Azusa, California 91702-7000  
 Phone: 626-812-3055  
 Website: www.apu.edu

**TRANSFER AUTHORIZATION**

To be filled out by the student:

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 last (family) name first (given) name

**SEVIS #:** \_\_\_\_\_ (found on SEVIS I-20)

**IMMIGRATION #:** \_\_\_\_\_ (found on I-94 card)

**Put a check mark for the campus where you will study:**

- Azusa Pacific University (LOS214F00364000)
- Azusa Pacific L.A. Regional Center (LOS214F00364003)
- Azusa Pacific Orange Regional Center (LOS214F00364004)
- Azusa Pacific University (San Diego) (SND214F00410000)

*Please have the rest of this form completed by the Immigration Advisor at your current school.*

To be filled out by the Immigration Advisor:

**NAME OF SCHOOL:** \_\_\_\_\_

**SCHOOL CODE:** \_\_\_\_\_ 214F \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**SCHOOL PHONE #:** (\_\_\_\_\_) \_\_\_\_\_

**DATES OF ATTENDANCE AT YOUR SCHOOL:**

Starting date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending date \_\_\_\_/\_\_\_\_/\_\_\_\_

Post-completion OPT dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this student eligible to transfer?

Yes SEVIS release date: \_\_\_\_\_

No Comment: \_\_\_\_\_

**Attention: When you transfer the above student's SEVIS record, please note which one of our campuses it needs to be transferred to.**

\_\_\_\_\_  
 Signature of Immigration Advisor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Immigration Advisor

\_\_\_\_\_  
 Title

*Please return to International Student Services at the address above or fax us at (626) 815-3801. Thank you!*