



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:

- Checkboxes for Azusa Pacific University (LOS214F00364000), Azusa Pacific L.A. Regional Center (LOS214F00364003), Azusa Pacific Orange Regional Center (LOS214F00364004), and 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/No options with SEVIS release date and Comment fields

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!