Notice of Intent to Transfer

All students currently attending U.S. schools on an F-1 Visa who wish to Transfer to West Los Angeles College

MUST have this form completed by their present U.S. educational institution

Student (Mr/Ms) ___________________________________________  
Last Name    First Name    Middle Name

Birth Date ____________________________ Date of SEVIS release ______________________ 
Month / Day / Year

SEVIS Number ________________________________

Dear Foreign Student Advisor:

This is to verify that the above named student has applied for admission to West Los Angeles College. Please provide the following information:

Name of Institution: _____________________________________________________________ 
Address _______________________________________________________________________
____________________________________________________________________________ 
Phone ____________________________ Email _______________________________________ 
INS School File Number ____ ____ ____ 214F ____ ____ ____ ____ ____ 
Dates of Attendance: From ________________ To ________________

Did the student maintain a full course of study: [ ] Yes [ ] No

If “No,” please explain ____________________________________________________________________ 

What is the highest level completed by the student? ________________________________________ 

The student is currently: [ ] In Status [ ] Not in Status

Your cooperation is appreciated.

__________________________________________  
Signature

______________________________________ 
Print Name

______________________________________ 
Date