



Transfer Eligibility Form

International Student Center
400 West Washington Blvd. Los Angeles, CA 90015 U.S.A.
Juniper Hall – Room ST-316
Office (213) 763-5345 Fax (213) 763-5991
EMAIL: INTSTUD@LATTC.EDU



For students transferring directly from one college or school to another in the U.S.A

Section A: Student Personal Information (please print or type)

Last Name: _____ First Name: _____

SEVIS ID#: _____ Date of Birth: _____ Phone Number: _____

Email address: _____

Section B: Current Status Verification

To be completed by current school's PDSO/DSO. Please print or type student's information.

Note: DO NOT release student's SEVIS record until you have proof of acceptance from us.

Dates of attendance: From: _____ To: _____

Please answer the following questions:

- 1. Is the student currently maintaining full-time/good status? Yes No
- 2. Is student seeking reinstatement? Yes No
- 3. Has the student been authorized for Reduced Course Load (RCL)? Yes No
If yes, how many semesters? _____
- 4. Does student currently have any outstanding financial obligations at your school? Yes No
- 5. Has student been approved for Optional Practical Training? Yes* No

*If yes, please provide dates: From: _____ To: _____

5. LATTC may request student's I-20 to be released on/after (provide date): _____

Los Angeles Community College District, Los Angeles Trade-Technical College

LATTC SEVIS ID Number: LOS214F00802000

Name and Title of PDSO or DSO: _____

Institution: _____ SEVIS School Code: _____

Institution address: _____

Phone Number: _____ Fax Number: _____

Email address: _____

DSO or PDSO Signature: _____ Date: _____

I certify all information is true and correct to the best of my knowledge.

For ISC Use Only

I-20 released on: _____

Revised: 09/25/2017