



International Student Program-B9  
Long Beach City College  
4901 E. Carson Street  
Long Beach, CA 90808  
Tel: (562) 938-4745  
Fax: (562) 938-4747

## TRANSFER ELIGIBILITY EVALUATION FORM

This is **NOT** a Transfer Request Form. **PLEASE DO NOT TRANSFER HIS/HER SEVIS RECORD AT THIS TIME.**

**To the applicant:** Fill in your name, personal information and signature, then present this form to the International Student Advisor or Designated School Official at the school you are currently attending. **This form is required to complete your transfer application to Long Beach City College.**

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last name (Family) First Middle Month/ Day / Year

\_\_\_\_\_ Social Security Number (if applicable) \_\_\_\_\_  
I-94 Admission Number

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

**\*If you plan to travel outside the U.S., be sure to COMPLETE your transfer I-20 process before you leave the country.**

**To the International Student Advisor:** The student named above is applying for admission to Long Beach City College. Please assist us in **evaluating** this student's eligibility to attend LBCC by providing the information below.

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

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

\_\_\_\_\_ E-mail address  
Phone number Fax number

Type of Program:  High School  Language School  Community College  Other: specify \_\_\_\_\_

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

Authorized periods of Practical Training:  NONE  CPT  OPT From \_\_\_\_\_ To \_\_\_\_\_

Is the student currently in legal F1 status?  Yes  No (Please explain below)

Comments: \_\_\_\_\_

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

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

Thank you for completing this form. Please fax or mail to the International Student Office at the fax number or address above.

\_\_\_\_\_ School Seal or Stamp