



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