

## TRANSFER ELIGIBILITY FORM (F-1 Students)

**International students in active SEVIS status** wishing to transfer to Long Beach City College must complete **Section A** and have Section B completed by their Designated School Official (P/DSO). **This complete form must be uploaded with your international admission application through your online application portal for international admission.**

### Section A – To be completed by Student.

SEVIS Number (I-20): N \_\_\_\_\_

Passport Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Current U.S. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
*(Home/Building Number & Street Name)*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
*(mm/dd/yyyy)*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(mm/dd/yyyy)*

### Section B – To be completed by current Designated School Official (P/DSO).

*Your international student is applying for transfer admission to Long Beach City College for the upcoming semester. This is not a release/transfer request. We are seeking "confirmation" on the student's current SEVIS record status.*

**Please select ONE of the following:**

- Student's SEVIS record is **NOT Active** (*terminated/deactivated*) and is **not eligible** to transfer at this time.  
*(Please complete the Designated School Official (P/DSO) Contact Information section below and return to student for submission.)*
- Student's SEVIS record is in **ACTIVE status** pursuing a full-course of study and is **eligible** to transfer.  
*(Please provide the information below, complete the Designated School Official Contact Information section and return to student for submission.)*

**Institution Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Student's Last Class/Program Completion Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of Study Program:**  High School  Language School  College/University  Other: *Specify* \_\_\_\_\_

**Authorized Practical Training:**  NONE  CPT  OPT From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorized Reduced Course Load:**  NONE  RCL Reason: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Comment:** \_\_\_\_\_

### Designated School Official (P/DSO) Contact Information:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_