



Transfer Eligibility Form

International Student Center

400 West Washington Blvd. Los Angeles, CA 90015 U.S.A.

Building E-5 – Room 316

Office (213) 763-5345

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)

Directions:

1. To be completed by Student

2. COMPLETED form must be submitted to LATTC International Student Center with all other admission application documents.

(This form can be submitted in-person, mailed to the address above, or have your school e-mail the completed form directly to LATTC DSO.)

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is student seeking reinstatement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has the student been authorized for Reduced Course Load (RCL)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes , how many semesters? _____ | |
| 4. Does student currently have any outstanding financial obligations at your school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has student been approved for Optional Practical Training? | <input type="checkbox"/> Yes* <input type="checkbox"/> 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: 01/27/2020