

SISA AMERICAN LANGUAGE CENTER

Office of Admissions and Records

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SEVIS TRANSFER ELIGIBILITY & EVALUATION FORM

To the applicant :

Fill in your name and present this form to the International Student Advisor or designated School Official at the school you are currently attending.

Student Name

Date of Birth

Admission Number from I-94 (complete if known)

I verify that the above information is accurate and hereby authorize the Designated School Official of my current school to release my SEVIS record to SISA AMERICAN LANGUAGE CENTER.

Applicant's (Student's) Signature

Date

To the International Student Advisor :

The student named above has applied for admission to SISA AMERICAN LANGUAGE CENTER. Please certify the student's eligibility for transfer by providing the information requested below and mail/fax this form to SISA American Language Center. (School Code: LOS214F01660000)

SEVIS ID #

Type of program the student was/is enrolled in

Date of Attendance

SEVIS Transfer Release Date

Has the student maintained financial obligations to your school?

Yes

No

This student is NOT eligible for transfer for the reason(s) noted below.

Name of School

SEVIS School File Number

Address

Phone Number

Fax Number

E-mail

Name

Title

School seal
or stamp

Signature

Date