



901 East Alosta Avenue
PO Box 7000
Azusa, California 91702-7000
Phone: 626-812-3055
Website: www.apu.edu

TRANSFER AUTHORIZATION

To be filled out by the student:

NAME: _____ **DATE:** _____
last (family) name first (given) name

SEVIS #: _____ (found on SEVIS I-20)

IMMIGRATION #: _____ (found on I-94 card)

Put a checkmark for the campus where you will study:

- Azusa Pacific University (LOS214F00364000)
- Azusa Pacific University (San Diego) (SND214F00410000)
- Azusa Pacific Orange Regional Center (LOS214F00364004)

Please have the rest of this form completed by the Immigration Advisor at your current school.

To be filled out by the Immigration Advisor:

NAME OF SCHOOL: _____

SCHOOL CODE: _____ 214F _____

SCHOOL ADDRESS: _____

SCHOOL PHONE #: (_____) _____

DATES OF ATTENDANCE AT YOUR SCHOOL:

Starting date ____/____/____ Ending date ____/____/____

Post-completion OPT dates: ____/____/____ to ____/____/____

Is this student eligible to transfer?

Yes SEVIS release date: _____

No Comment: _____

Attention: When you transfer the above student's SEVIS record, please note which one of our campuses it needs to be transferred to.

Signature of Immigration Advisor Date

Name of Immigration Advisor Title

Please return to International Student Compliance at the address above or fax us at (626) 815-3801. Thank you!