

EL CAMINO COLLEGE
EL CAMINO COLLEGE LANGUAGE ACADEMY
(INS School ID #: LOS 214 F 0 1949.000)
(INTENSIVE ENGLISH PROGRAM FOR INTERNATIONAL STUDENTS)
16007 CRENSHAW BLVD.
TORRANCE, CA 90506
TEL: (310) 660-6707 / FAX: (310) 660-6470

F-1 VISA STUDENT TRANSFER APPROVAL FORM

Required only of those students transferring directly from U.S. institutions

Section A. Student Must Complete This Section

To: _____
(Name of Current Institution)

Re: _____
(Name of Student)

I-94#: _____

SS#: _____

I have been accepted to study at El Camino Language Academy. As part of my requirements, I have been asked to have my current school verify my immigration status. I, therefore, request and authorize you to complete this form and return the original to the above address. Thank you for your assistance.

(Student Signature)

Date: _____

Section B. This section must be completed by the Foreign Student Advisor from the current institution

Student SEVIS ID _____ Transfer Release Date _____

The student attended our institution from _____ to _____
(First Date) (Last Date)

PLEASE CHECK ALL APPLICABLE:

_____ This student is considered to be in full-time status.

_____ This student is out of status and has been advised to seek reinstatement.

_____ This student received off-campus work authorization for:

CURRICULAR Practical Training (circle one) Full Time / Part Time

From _____ to _____

OPTIONAL Practical Training (circle one) Full Time / Part Time

From _____ to _____

(Name and Title of DSO)

(Signature)

(Name of Institution)

(INS School Code)

(Telephone)

(Fax)

(E-Mail)

(Date)