



**TRANSFER APPROVAL FORM**

El Camino College - International Student Program  
3400 Manhattan Beach Blvd., Torrance, CA 90506  
Tel: (310) 660-3431 / Fax: (310) 660-6779

**Transfer student's I-20 to: El Camino Community College District**  
**DHS School ID #: LOS 214 F 0 0338.000**  
**(Please verify school by SEVIS School ID Number)**

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

**Section A: Student Must Complete This Section**

To: \_\_\_\_\_ Re: \_\_\_\_\_  
(Name of Institution) (Name of Student)

I-94#: \_\_\_\_\_ SEVIS#: \_\_\_\_\_

I have applied to study at El Camino College. I have been asked to have my current school verify my immigration status. I 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: To be completed by DSO at current institution**

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 \_\_\_\_\_

Date student's SEVIS I-20 will be transferred to **El Camino Community College District** \_\_\_\_\_

\_\_\_\_\_  
Name and Title of DSO Signature

\_\_\_\_\_  
Name of Institution INS School Code

\_\_\_\_\_  
Telephone E-Mail Date