



# PACIFIC STATES UNIVERSITY

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Phone (323) 731.2383 / (323) 731.2384 / (323) 731.2385 Fax (323) 731.7276

## TRANSFER-IN STATUS VERIFICATION REQUEST

### PART I - TO BE COMPLETED BY STUDENT

All international students who are holding an F-1 visa and planning on transferring to Pacific States University must have this form completed by the institution you were last authorized to attend. If this form is not return, we cannot complete your transfer application process.

Student Name \_\_\_\_\_ SEVIS ID Number \_\_\_\_\_  
Family Name First Name

Address \_\_\_\_\_  
Street City State Country Zip Code

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART II - TO BE COMPLETED BY AN F-1 INTERNATIONAL STUDENT DESIGNATED SCHOOL OFFICIAL (DSO)

This is to verify that the above named student has applied for admission to Pacific States University. Please provide the following information. **This form is NOT a Transfer Release form. DO NOT release student's SEVIS record until you have proof of acceptance.**

#### 1. Current Immigration Status

Enrolled in  ACADEMIC  ESL STUDIES Date of Attendance: from \_\_\_\_\_ to \_\_\_\_\_

Select One  FULL TIME  PART TIME If part-time, please explain \_\_\_\_\_

If student is in ESL studies, how many levels of ESL do you offer? \_\_\_\_\_ What is the student's current level? \_\_\_\_\_

If the student is in high school studies, please provide student graduation date: \_\_\_\_\_

The student is in good standing with USCIS and is maintaining his/her F-1 status: Yes  No

If No, please explain \_\_\_\_\_

Please list all beginning and ending dates of practical training:

OPT Start Date \_\_\_\_\_ End Date \_\_\_\_\_

CPT  Full Time  Part Time Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Comments you feel would be appropriate: \_\_\_\_\_

#### 2. Institution in SEVIS Information

Name of Institution in SEVIS \_\_\_\_\_

School SEVIS Code 

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Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

DSO Name and Title \_\_\_\_\_

DSO Signature \_\_\_\_\_ Date \_\_\_\_\_

*Kindly return to the address listed above or fax to the Admissions Office of Pacific States University at (323)731-7276*