



CAL AMERICA

EDUCATION INSTITUTE

3700 Wilshire Boulevard Suite 200 Los Angeles, California 90010 USA

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Transfer Eligibility Form

STUDENT INFORMATION			(to be completed by the student)
Student's Last Name :	Student's First Name :	Student's Middle Name :	
Date of Birth (Mo/Day/Yr) : (____ / ____ / ____)	Country of Birth :	Country of Citizenship :	
Date you plan to enroll at Cal America Education Institute (Month/Day/Year) : (____ / ____ / ____)			
I hereby authorize the information requested below to be forwarded by _____ to Cal America. <small>(Your current school)</small>			
_____ Student's Signature		_____ Date	

ENROLLMENT INFORMATION		(to be completed by the advisor)
The student noted above has applied for admission to Cal America Education Institute (LOS214F01453000) . Please certify the student's eligibility for transfer by providing the information requested below.		
SEVIS ID # _____		
Dates of Enrollment at your institution: from (____ / ____ / ____) to (____ / ____ / ____)		
SEVIS release date (____ / ____ / ____)		
To the best of your knowledge:		
● Is the student eligible for transfer to Cal America Education Institute?	YES ____	NO ____
● Did the student maintain legal non-immigration status while enrolled at your institution?	YES ____	NO ____
Additional Comments: _____		

DSO's Signature: _____	Date _____	
Name and Title: _____		
Institution name and address: _____		

SEVIS School Code: _____		
Phone: _____	Fax: _____	
Email: _____		
(Your School Official Stamp)		