



# CAL AMERICA EDUCATION INSTITUTE

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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) : ( ____ / ____ / 19 ____ )	Country of Birth :	Country of Citizenship :	
I am applying to the: <input type="checkbox"/> Los Angeles Campus (LOSF01453000) <input type="checkbox"/> Long Beach Campus (LOSF01453001)			
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 <b>Cal America Education Institute</b> . 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: _____	(Official School Stamp)
Institution name and address: _____ _____	
SEVIS School Code: _____	
Phone: _____ Fax: _____	
Email: _____	