TRANSFER-IN FORM FOR F1 STUDENTS

If you are an F1 student who is transferring from an institution in the United States to Antioch University Los Angeles either before completion of your current program of study or after having completed your program of study (i.e. while you are on Optional Practical Training), you must complete the top portion of this form and have the Designated School Official (DSO) at your current institution complete this form and fax, email, or mail it to the Office of Admission.

PART 1: To be completed by the student

Student’s Printed Name: (Last) ___________________________, (First) ___________________________

Date of Birth (M/D/YR): ____________________ Country of Birth: __________________________ Citizenship: __________________________

First term you plan to begin your studies:

___ Summer Quarter (July) ___ Fall Quarter (October) ___ Winter Quarter (January) ___ Spring Quarter (April)

___ MFA Summer/Fall Semester (May) ___ MFA Winter/Spring Semester (December)

___ USMA Fall Winter Semester (October) ___ USMA Spring/Summer Semester (April)

Degree to be pursued: ___ Bachelors ___ Masters

I authorize the DSO at my current school to release the information below:

Student Signature: ___________________________________________ Date: ____________________

PART 2: To be completed by your DSO

Student’s Current Immigration Status: ____________________________ SEVIS ID Number: ____________________________

Dates of attendance: From ____________________ to ____________________ Anticipated SEVIS release date: ____________________

Has the student maintained his/her non-immigrant status and has been pursuing a full course of study? ____ Yes _____ No

Dates the student has been authorized for ___ OPT ___ CPT at ____________________________

___ OPT ___ CPT at ____________________________

I certify that the above information is correct to the best of my knowledge:

DSO Name: ____________________________ DSO Signature: ____________________________ Date: ____________________

Name of Institution: ___________________________________________________________________

Address: ______________________________ City: State: ZIP: ______________________________

Telephone Number: ____________________________ Email: ____________________________

DSO: Please contact the Office of the Registrar, 310-578-1080 ext 211 for the school code for the Antioch University Los Angeles F program.

Tran-in Form 03/2011