

LOS ANGELES Admissions Office 400 Corporate Pointe, Suite 2000 Culver City, CA 90230-7615 Ph: 310-578-1080 FAX: 310-821-6032

admissions.aula@antioch.edu

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