



I-20 SCHOOL TRANSFER ELIGIBILITY FORM

SECTION 1 (to be completed by student)

The following student has expressed the desire to transfer to Southern States University. Please complete this form and return it to us as soon as possible.

Student Name: _____ Date of Birth: ___/___/___
SEVIS ID Number: _____
Student Signature: _____
I wish to study at [] San Diego [] Irvine [] Las Vegas

SECTION 2 (to be completed by school student is transferring from)

First day of Attendance: _____ Last day of Attendance: _____
Check all applicable:
This student has maintained full-time status and is eligible to transfer
This student is out of status and has not filed for reinstatement
Other (please clarify in comments section)
Has this student cleared all financial obligations to your institution? Yes [] No []
Has this student been in the SEVIS system? Yes [] SEVIS #: _____ No []
SEVIS Release date: ___/___/___
If this student has a SEVIS I-20, please Transfer out this student with a release date to:
Southern States University [] San Diego (SND214F00448000)
[] Irvine (SND214F00448004)
[] Las Vegas (SND214F00448003)
Do Not Transfer Terminated or Completed Student
Comments: _____
Name and address of school: _____
School telephone: _____ Fax: _____
Signature of DSO: _____ EMAIL _____
Name and Title: _____ 214F _____
(INNS School File Number)
Date: _____

Please return this form to:

San Diego Fax: (619) 704-0175
Irvine Fax: (619) 704-0070
Las Vegas Fax: (619) 704-1002
Or email to: ssuadmissions@ssu.edu