TRANSFER ELIGIBILITY FORM

SECTION 1 (to be completed by student)

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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: / /
Student Signature:		
I wish to study at ☐ Fas	hion Valley 🔲 La Jolla 🗀 Pa	cific Beach 🔲 Newport Beach
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 (Fashion Valley) (SND214F0 □ La Jolla (SND214F00448000) □ Newport Beach (LOS214F02077000) □ Pacific Beach (SND214F00448001)	00448000)
Do Not Transfer Terminated or Completed Student		
Comments:		
Name and address of school:		
School telephone:	Fax:	
Signature of DSO:	EMAIL	Date:
Name and Title:	214F	
(INS School File Number)		
Please return this form to:	San Diego (Fashion Valley) Fax: La Jolla Fax: Newport Beach Fax: Pacific Beach Fax	(619) 704-0175 (619) 704-3977 or (858) 453-8186 (619) 704-0070 (619)704-0175

Or email to: info@ssu.edu