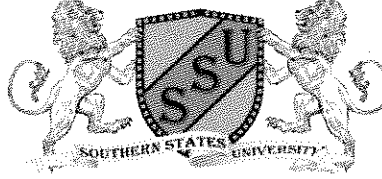


Southern States University



TRANSFER 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: ____/____/____
M D Y

SEVIS ID Number: _____

Signature of student: _____

I wish to study at San Diego / La Jolla 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? No Yes SEVIS #: _____
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 / La Jolla (SND214F00448000)
 Newport Beach (LOS214F02077000)
Do Not Transfer Terminated or Completed Student

Comments: _____

Name and address of school: _____

School telephone: _____ Fax: _____

Signature of DSO: _____ Date: _____

Name and Title: _____ 214F _____
(INS School File Number)

Please return this form to: La Jolla Fax: (619) 704-3977 or (858)453-8186
San Diego Fax: (619) 704-0175
Newport Beach Fax: (619) 704-0070