



SOUTHERN STATES UNIVERSITY

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: ___ / ___ / ___
M D Y

SEVIS ID Number: _____

Student Signature: _____

I wish to study at Fashion Valley Newport Beach 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 (Fashion Valley) (SND214F00448000)
 Newport Beach (LOS214F02077000)
 Las Vegas

Do Not Transfer Terminated or Completed Student

Comments: _____

Name and address of school: _____

School telephone: _____ Fax: _____

Signature of DSO: _____ EMAIL _____

Name and Title: _____ 214F _____

(INS School File Number)

Date: _____

Please return this form to: San Diego (Fashion Valley) Fax: (619) 704-0175
Newport Beach Fax: (619) 704-0070
Las Vegas Fax

Or email to: info@ssu.edu