California State University
SAN MARCOS

American Language and Culture Institute, California State University San Marcos
San Marcos, CA 92096-0001
Phone: 760-750-3200

Email: alci@csusm.edu
www.csusm.edu/alci

VERIFICATION OF ELIGIBILITY TO TRANSFER

I request and authorize my International Student Advisor to provide the information requested below for me to complete my transfer to the American Language and Culture Institute of CSU San Marcos.

Name:_____ **SEVIS ID#:**_____
Last (Family Name) First Middle

Signature: _____

The following section is to be completed by the International Student Advisor at your current school:

Dates of Attendance:_____ **to** _____

Program end date:_____ **SEVIS release date:** __/__/_____ **or upon acceptance**

Did the student maintain full-time status (please highlight)? Yes / No

Is the student eligible to transfer (please highlight)? Yes / No

Did the student have good attendance and grades (please highlight)**?** Yes / No

Comments: _____

_____

Name:_____ **Title:** _____

Signature: _____ **Date:** _____

Name of Institution: _____

Mailing Address: _____

_____

Phone #: _____ **Email address:**_____

Please email the completed form as a scanned attachment to alci@csusm.edu. Thank you.

Once accepted, please release the SEVIS record to:
California State University San Marcos – American Language and Culture Institute, SND214F00326001