



LOMA LINDA
UNIVERSITY

International Student and Scholar Services

11139 Anderson St., SSC-102
Loma Linda, CA 92350-0001
(909) 558-4955
FAX: (909) 558-7949

Transfer Request Form

The student, named below, has been accepted into a program at Loma Linda University (**LOS214F00109000**) that will begin on _____. We are requesting the transfer (release) of their SEVIS record. Please mail or fax this completed form. If you have questions, call (909)558-4955.

Student's Family Name, First/Given Name _____

Date of Birth (mm/dd/yyyy) _____

To be completed by the Student:

Name (as it appears in your passport): _____
Family/Surname First/Given Middle (if applicable)

Current program/field of study: _____

Current program level or degree: _____

The last day of attendance at current school (mm/dd/yy): _____

By signing here, I authorize my current International Student Advisor to release the information on this form to Loma Linda University.

Signature: _____ Current ID # _____ Date: _____

To be completed by the International Student Advisor:

This student is eligible for transfer. The "Transfer out" release date is (mm/dd/yy): _____

This student is not eligible to transfer for the following reason(s): _____

Comments, if any, regarding this transfer: _____

PDSO / DSO who processed this transfer request:

Signature _____ Print Name & Title _____

Name of institution: _____ Address: _____

Telephone number: _____

Date: _____