



## International Student Program

### Transfer-Out Request/Survey

To transfer your SEVIS records (i.e. Form I-20), submit the following form AND attach evidence of admission (email or letter) to your next college/school/university. We recommend you also keep the following in mind:

- ☐ TRANSFER DATES: *may not occur before your last class/session date*
- ☐ TRAVEL: *Do not depart the U.S. until you have made arrangements to obtain your I-20 from your next institution.*
- ☐ FORMS: *Fees hold must be resolved before Transfer Verification Forms will be completed.*
- ☐ ENROLLMENT: *You are unable to enroll in classes upon transfer of your I20 unless you complete [concurrent enrollment process](#).*

| TO TRANSFER YOUR I-20 FROM WLAC                                                   |                                      |                                                                                   |                                               |                                                                                     |                                                   |
|-----------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------|
|  | Type the information required below. |  | Print/sign petition and attach a copy of CSEP |  | Submit to International Student Program (SSB 410) |

| YOUR PERSONAL INFORMATION <small>(type-in your information below)</small> |                                                                                     |  |  |               |  |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|---------------|--|
| LAST NAME                                                                 |                                                                                     |  |  | FIRST NAME    |  |
| DATE OF BIRTH                                                             |                                                                                     |  |  | LACCD ID #    |  |
| YOUR EMAIL AND PHONE NUMBER                                               |                                                                                     |  |  |               |  |
| EMAIL                                                                     |                                                                                     |  |  | PHONE #       |  |
| TRANSFER OUT INSTITUTION INFORMATION                                      |                                                                                     |  |  |               |  |
| TRANSFER TO <small>(name of institution)</small>                          |                                                                                     |  |  |               |  |
| SEVIS LOCATION CODE <small>(if known)</small>                             |                                                                                     |  |  | TRANSFER DATE |  |
| STUDENT SIGNATURE                                                         |  |  |  |               |  |

Submit petition, survey, and evidence of admission to [studentvisa@wla.edu](mailto:studentvisa@wla.edu) OR to the International Student Program (SSB 410). Allow 5 business days for processing.

| INTERNATIONAL STUDENT PROGRAM OFFICE USE ONLY |                                                                     |                                                |  |
|-----------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|--|
| <input type="checkbox"/> Transferred in P/S   | <input type="checkbox"/> Updated Student Group (F1CN) for next term | <input type="checkbox"/> Removed from database |  |
| NOTES:                                        |                                                                     |                                                |  |
|                                               |                                                                     |                                                |  |
| DSO SIGNATURE                                 |                                                                     | DATE                                           |  |



**International Student Program**  
*Transfer-Out Request/Survey*

Note: Please provide your honest response to the questions below. Your responses DO NOT impact your student account, SEVIS status, or future transactions at WLAC. Your response will help us improve our services to students.

To what type of institution are you transferring? *(choose one)*

What are your educational plans after leaving West Los Angeles College? *(choose one)*

Please describe your overall satisfaction with the International Student Program? *(choose one)*

Please rate the following aspects of the International Student Program

**Access to staff** *(international staff was available to help when you need it)*

**Expertise of staff** *(international staff provided good academic and immigration advisement)*

**Professionalism of staff** *(demonstrated respectful behavior and attitude toward you)*

**Interest in students** *(demonstrated an interest in your well-being and success)*

**Level of support** *(sufficient support from international staff during your time at WLAC)*

Provide one (1) recommendation to improve the services of the International Student Program

Please select the *recommendation* statement that best fits how you feel about West Los Angeles College