

ROSMEAD CAMPUS <u>School Code: Los214F01643.000</u> 8705 E. Valley Blvd. Rosemead, CA 91770 Tel: (626)285-9668 Fax: (626)285-1351 TORRANCE CAMPUS <u>School Code: Los214f01643.001</u> 3848 Carson Street #100 Torrance, CA 90503 Tel: (310)316-3698 Fax: (310)316-3689

F-1 Student Transfer Certification Form

TO BE COMPLETED BY STUDENT	Ι	Date:/	/
Name First Name	Middle Name		ast Name
SEVIS #:			
I intend to transfer to Rosemead College on		. I hereby gra	nt permission for
<i>Month/Year</i> the information requested below to be released to Rosemead College.			
Student Signature:	Student Teleph	one: ()
TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL 1. Student's SEVIS #: N 2. Was the student maintaining F-1 Student Status as defined by the USCIS regulations? □ Yes □ No If not please explain:			
	Year Month/Day/Year		
5. OPT Employment: Yes No From:	:	Month/Day/Year To: th/Day/Year Month/Day/Year	
	Month/Day/Year		Month/Day/Year
6. Please indicate the release date in the SEV	S system	/	_/
	Month	Day	Year
Student is to be Rosemead College, Rosemead Campus: School SEVIS ID#: LOS 214 F 01643.000			
released to: Rosemead College, <i>Torrance Campus</i> : School SEVIS ID#: LOS 214 F 01643.001			
DSO AND SCHOOL INFORMATION			
DSO Name (please print):			
Institution:		Telephone:	<u>()</u>
Address:			
Signature:	Date:	/_	/