

# AFI College / AFI School of Languages Inc.

## SEVIS TRANSFER REQUEST FORM

### To be Completed by the Student:

**Student Name:** \_\_\_\_\_  
Last Name First Name

I intend to transfer to A F International starting \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. I hereby authorize release of the information requested below.  
month day year

\_\_\_\_\_ Los Angeles (LOS214F16740000)

\_\_\_\_\_ Westlake Village (LOS214F16740001)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### To be completed by Designated School Official (DSO) of Current School

The student named above has indicated an intention to transfer to the A F International (campus option, see above). Please provide the information requested so that the student's eligibility for an immigration transfer may be determined.

SEVIS ID: N Release Date: \_\_\_\_\_

Please indicate the dates of attendance at your school: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

- ◆ Was the student considered to be pursuing a full course of study at your institutions? ☐ YES ☐ NO
- ◆ Is/Was this student authorized by USCIS to attend your institution? ☐ YES ☐ NO
- ◆ Student did not report to this school ☐ YES
- ◆ Should the student file for reinstatement? ☐ YES ☐ NO. If NO, please explain:  
\_\_\_\_\_

- ◆ Student reported to school but did not attend . Please explain:  
\_\_\_\_\_

- ◆ Student completed the course of study at this school on: \_\_\_\_\_

- ◆ Student did not complete the course of study. He/She attended classes until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

DSO Name: \_\_\_\_\_ DSO Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form by fax (213-381-6701) or email ([info@afint.com](mailto:info@afint.com)) with a copy of the student's SEVIS Form I-20 to the campus the student will attend:

**A F International College**  
**3807 Wilshire Blvd., Los Angeles, CA 90010**  
**FAX: 213-381-6721**  
**Phone: 213-381-6707**  
**Email: [info@afint.com](mailto:info@afint.com)**  
**School CODE: LOS214F16740000**

**A F International School of Languages Inc.**  
**3625 Thousand Oaks Blvd., WLV, CA 91362**  
**FAX: 213-381-6701**  
**Phone: 213-381-6707**  
**Email: [admissions@afint.com](mailto:admissions@afint.com)**  
**School Code: LOS214F16740001**