



Office of Enrollment Management  
Department of International Programs

## TRANSFER ELIGIBILITY FORM

**Student:** We must have the following information before we transfer-in your SEVIS records from your current college/school and issue a new I-20 Certificate of Eligibility from Life University. Please fill out the below section, sign and forward this form to the International Advisor/ DSO/ PDSO of your college/school to complete the second section.

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Major and level of study \_\_\_\_\_

Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip-code \_\_\_\_\_

I grant authorization to have my information released to Life University.

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**International Student Services Department:** The student listed above has been accepted to Life University. Please verify the student's immigration status at your earliest convenience. The student's SEVIS records can be released to: **Life University, 1269 Barclay Circle, Marietta, GA, 30060**  
**SEVIS school code: Life University ATL214F00876000**

Is the student currently enrolled full-time? \_\_\_\_\_

If not, please explain and give the last attendance date \_\_\_\_\_

Has the student met all financial obligations? \_\_\_\_\_

Is the student active in SEVIS? \_\_\_\_\_

Was the student employed on-campus? \_\_\_\_\_

Does the student hold off-campus employment authorization from the USCIS, and did she/he work off-campus? \_\_\_\_\_

DSO/PDSO name \_\_\_\_\_ Title \_\_\_\_\_

Institution/ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

DSO/PDSO signature \_\_\_\_\_ Date \_\_\_\_\_

Please email this form at [Sairagul.matikeeva-k@life.edu](mailto:Sairagul.matikeeva-k@life.edu) Thank you!

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