



## EC Los Angeles

To be completed by the student:	
Name:	Email:
Phone:	
Local Address:	
Student Signature:	Date:
<b>Please return the completed form to:</b> EC Los Angeles, 401 Wilshire Blvd., Suite 350, Santa Monica, CA, 90401 Tel: 3	10.310.3868 Fax: 310.310.3834 Email: losangeles@ecenglish.com
To be completed by Designated School Official: The above-named student is applying for admission to EC Los Angeles. In order form below and e-mail or fax it to us as quickly as possible.	to determine this student's eligibility for transfer, we request that you fill out the
Please note that our school can be found in SEVIS by typing <i>EC Boston*</i> and the We ask that you not transfer any SEVIS records in EC until you receive proof that above-mentioned student. Please do NOT release student records that are in conscious for approval of these students before any action is taken in SEVIS. T	an EC letter of acceptance has been issued to the completed, cancelled or terminated status. We ask that you first contact the
1. SEVIS Number:	
2. Dates of Study:	
3. Is or was the student pursuing a full course of study at your institution?	☐ Yes ☐ No
4. Did the student maintain his/her non-immigrant status with USCIS?	☐ Yes ☐ No
5. Is the student eligible to continue at your institution? (If not, please explain)	☐ Yes ☐ No
6. SEVIS release date:	
I certify that the above information is correct.	
Signature of School Official:	Date:
Name of School Official:	Title:
Institution:	DSO email:
Mailing Address:	
Phone:	Fax: