



# NEWTON INTERNATIONAL COLLEGE

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**Garden Grove Main Campus**  
11751 Monarch St,  
Garden Grove, CA 92841  
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FAX(714)530-9291

**Los Angeles Branch Campus**  
2975 Wilshire Blvd. #200  
Los Angeles, CA 90010  
TEL(213)380-7899  
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**Irvine Branch Campus**  
16490 Bake Pkwy  
Irvine, CA 92618  
TEL(949)509-9288  
FAX(949)509-9871

## INTERNATIONAL STUDENT TRANSFER ELIGIBILITY FORM

### TO THE F-1 STUDENT:

In order to transfer to Newton International College, you must:

- Bring copies of your current Immigration documents to the International Student Office: your current I-20, your passport, your I-94 card and your OPT card (if applicable);
- Take this form to the International Student Office at your current school to have part II completed.

### **Part I (to be completed by student):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Phone Number: \_\_\_\_\_

Intended start date at NIC: 1<sup>st</sup> Session 2<sup>nd</sup> Session 3<sup>rd</sup> Session 4<sup>th</sup> Session 5<sup>th</sup> Session 6<sup>th</sup> Session

Date you will finish your term at your current school or date you end your Optional Practical Training (OPT)? \_\_\_\_\_

I verify that the above information is accurate and hereby authorize the Designated School Official of my current school to release my SEVIS record to Newton International College.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO THE DESIGNATED SCHOOL OFFICIAL:

Please complete this section below and fax or mail to the campus specified above

### **Part II (to be completed by DSO / International Student advisor):**

SEVIS Release Date \_\_\_\_\_ SEVIS ID Number \_\_\_\_\_

This student's attendance at your school is from \_\_\_\_\_ to \_\_\_\_\_

This student is out of status and must file for reinstatement to lawful F-1 status (explanation): \_\_\_\_\_

This student is in his/her period of Optional Practical Training (indicate begin/end dates): \_\_\_\_\_

DSO Printed Name/Title \_\_\_\_\_ DSO Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ School Name & Address \_\_\_\_\_ Phone Number \_\_\_\_\_