



HORIZON UNIVERSITY

TRANSFER ELIGIBILITY FORM

2040 S. Brea Canyon Rd #100, Diamond Bar, CA 91765 Phone: 909-895-7138 Fax: 909-895-7143

STUDENT INFORMATION

Student's Name _____
Last First Middle Initial

Date of Birth: _____ SEVIS ID #: N00 _____ Phone #: _____

Current School Name: _____

INDICATE THE YEAR AND TERM: 20 _____

Winter Quarter Spring Quarter Summer Quarter Fall Quarter

Student's Signature

Date

.....
TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL (DSO)

Date of student's last enrollment at your institution: _____

Has the student maintained valid F-1 status? Yes No

If No, please indicate the reason: _____

Is the student currently on Post-Completion OPT? Yes No

If Yes, When is the student's OPT end date? _____ (MM/DD/YYYY)

SEVIS Release Date: _____

Please release student's SEVIS record to "Horizon University (LOS214F51064000)"

Name of DSO: _____ Date: _____

School Address: _____

Telephone #: _____ E-mail address: _____

Signature of DSO: _____

PLEASE FAX THIS FORM TO 909-895-7143

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• e-mail: admin@huca.edu