



Los Angeles Valley College

5800 Fulton Avenue

Valley Glen, California 91401-4096

NOTICE OF INTENTION TO TRANSFER

Last Name

First Name

Student Identification Number

N SEVIS ID

Street Address

Telephone Number

City State Zip Code

Cell phone Number

Please check if this is a new address or telephone number

Degree Objective: AA/AS BA/BS Certificate

Expected Grad/Transfer Date: / /

Major:

Units Completed:

REASON FOR TRANSFERRING

Three horizontal lines for text input.

NEW SCHOOL'S INFORMATION

I plan to transfer to the following school:

Name of School

School Code (if known)

Street Address

City State Zip Code

DSO Use Only

Admissions Letter attached

School begins

DSO Signature

Date / /