ALHAMBRA Medical University
School of Acupuncture and Oriental Medicine

Office of Admission
25 S. Raymond Ave. #201
Alhambra, CA 91801
Tel: 626-289-7719
Fax: 626-289-8641

Alhambra Medical University
International Student Services
25 S. Raymond Avenue, Suite 201
Alhambra, CA 91801
School Code: LOS214F01201000

Tel: 626-289-7719 x115
Fax: 626-289-8641
Fanny Hsu
fhsu@amuedu.com

STUDENT NAME:_____TRANSFER TERM:_____

Please sign below allowing the release of information and give this form to the foreign student advisor of your current or most recent institution.

I grant permission for the information requested below to be released to Alhambra Medical University.

Signature_____Date_____

TO: DESIGNATED SCHOOL OFFICIAL

The above named student has requested admission to Alhambra Medical University. Please supply us with confirmation of his/her status at your institution. Thank you.

Current Immigration Status:
The student is in good standing and is/has been pursuing a full course of study.
Yes_____No_____

The student is out of status, we will advise him/her to apply for reinstatement.
Yes_____No_____

The student has met all financial obligations.
Yes_____No_____

SEVIS I-20 INFORMATION:

SEVIS ID#_____TRANSFER RELEASE DATE:_____

DSO Name: _____ Signature:_____

Institution Name:_____ Contact Phone Number:_____

Email Address:_____

Thank you for your assistance

Mailing Address
55 S. Raymond Ave. #105
Alhambra, CA 91801
www.amuedu.com