



JUST GO LANGUAGES

TRANSFER FORM

TO THE STUDENT

This form will confirm your eligibility for school transfer. Please complete Section 1 of this form and have the Foreign Student Advisor/DSO of your current or former school complete Section 2.

SECTION 1

SEVIS ID# _____ Date of birth ____/____/____

NAME :

LAST
MIDDLE
FIRST

PERSONAL INFORMATION	
Address in your country of residency	
Current address in the United States	
Email	
Telephone	
Passport & Visa	Number: _____ Expiration Date: MM/DD/YYYY
	Visa Number: _____ Date Visa was issued: MM/DD/YYYY
	City Visa was issued: _____ Visa Expiration Date: MM/DD/YYYY
House Phone or Cell Phone	
Email Address	

ACADEMIC INFORMATION	
What do you estimate your level of English to be?	
When would you like to start?	MM/DD/YYYY
When would you like to stop?	MM/DD/YYYY
What is your level of education?	



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By signing this form, I certify that all the information above is true and that I will submit the required documentation to the school DSO to process my application. If admitted, I will notify my old school and will request to be transferred. I understand the rules of the F-1 status and that I will not be admitted in class at the Harvest English Institute until all the legal transfer process has been completed. _____ Date ____/____/____

OFFICE USE ONLY

Received On ____/____/____ by _____.

Processed On ____/____/____ by _____.

SECTION 2

To be completed by the Designated School Official (DSO) The above named student intends to transfer to the Harvest English Institute. We are requesting the following information so that we may determine the student’s eligibility for the transfer. Please indicate N/A where appropriate.

1. Did the student report to this school? Yes No N/A
2. Did Student report but fail to enroll at this school? Yes No N/A
3. While attending this school did student maintain lawful F-1 Status? Yes No N/A
(a) If No, Please explain: _____
4. Dates of attendance from ____/____/____ to ____/____/____.
5. Pursuant to [(f) (5) (iii) was/is this student eligible for an annual vacation Yes No N/A
6. If student is currently enrolled, please indicate expected completion date ____/____/____.

DO NOT RELEASE SEVIS RECORD WITHOUT LETTER OF ACCEPTANCE FROM JUST GO LANGUAGES.

Name (Print): _____ Title: _____

Institution: _____

Address: _____

Phone: (____) ____ - _____ E-mail: _____

Signature: _____ Date: ____/____/____.

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