

English Learning Institute 6320 Quadrangle, Drive Suite 200 Chapel Hill, NC 27517 Website: elinc.edu

Email: admission@elinc.edu Telephone: (919)833-9033

## Transfer-out Form

This form should be completed by students wishing to transfer to another institution. All sections must be filled in completely in order to assess your eligibility to transfer, and also to gather the necessary information to transfer your SEVIS record.

- > Students who are currently employed or participating in CPT/OPT are not eligible to transfer.
  - After the release date has passed, students cannot continue working/participating in OPT/CPT
- > Students who wish to transfer but plan on travelling must have an I-20 form from the school they will be attending for classes upon returning
- Students are not permitted to transfer while undergoing the reinstatement process
- > Students can transfer during the 60 day period after their current program end date.
  - The program start date at the new school must begin within 5 months of the end of your ELI program end date.
- ➤ In order to transfer, students must be in good academic standing

|  | Section 1: | Student Information |             |  |  |  |
|--|------------|---------------------|-------------|--|--|--|
| Student Name:  |            |                     |             |  |  |  |
|  | First      |                     | Family Name |  |  |  |
| Birthday:  |            | Gender: □ M         | □ <b>F</b>  |  |  |  |
| Month Da   | y Year     |                     |             |  |  |  |
| Email:   |            |                     |             |  |  |  |
| Student ID Number:   |            | SEVIS ID:           |             |  |  |  |
|  |            |                     |             |  |  |  |
| Section 2: Transfer-in Information   |            |                     |             |  |  |  |
| Please fill in the following information regarding the school you wish to transfer to: |            |                     |             |  |  |  |
| Name of school:  |            |                     |             |  |  |  |
| School Address:  |            |                     |             |  |  |  |
| SEVIS School Code (the DSO can give you this information):                             |            |                     |             |  |  |  |
| ,  |            | Ź                   |             |  |  |  |
| New DSO's name:  |            |                     |             |  |  |  |



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| DSO's Email:  |
|---|
| When would you like to begin classes at the new school?  Month  Day  Year   |
| Suggested transfer release date://  |
| Are you currently employed or participating in OPT/CPT? $\Box$ Yes $\Box$ No  |
| Section 3: Transfer Situation   |
| Which of the following most closely describes your situation?   |
| □I am a new student at ELI who is wishing to transfer before the end of my first session end date. I understand I can transfer to a new school within 30 days of my date of entry into the U.S which was on// |
| □I am wishing to transfer once I complete my studies at ELI. My program end date is/  |
| ☐ My SEVIS record has been terminated but I wish to transfer to another school. *Students in this situation must reinstate with USCIS.  |
| □Other:   |
|   |
|   |
| Section 4: Documents  |
| Please attach the following documents when submitting this form:  |
|   |
| Copy of Acceptance letter from new school   |
| □Copy of current I-20   |
| □I-94 form<br>□Transcript (unofficial or official)  |
| - manacripe (anomicial or official)   |



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## **Section 5: Student Acknowledgment**

I understand the information I have provided on this form will be used to determine whether or not I am eligible to transfer. I give ELI my permission to release any necessary transfer information to the DSO at the new school I wish to attend. I understand I will need to meet with my current DSO to further discuss the information I have provided, as well as any additional steps that may need to be taken.

| Student Signature: | Date: |       | /   | /    |
|--------------------|-------|-------|-----|------|
| 5                  | -     | Month | Day | Year |