

F-1 Student Transfer - In

Atlanta English Institute

4000 DeKalb Technology Parkway Building 500 Ste. 550 Atlanta, GA 30340

Ph: (770) 455-9226 Fax (770) 455-8336 E-mail: admissions@atlei.com

To be completed by student:

Date: / /

Student _____ / _____ Phone _____

Last Name

First Name

Signature _____

Current school information: Name of school: _____

Contact: (DSO/ISA) _____

Ph: _____ Fax: _____

The above named student has applied for transfer to the Atlanta English Institute.

To be completed by the school:

SEVIS ID: _____

Is the student currently attending the school he/she was last authorized to attend? Yes ___ No ___

If NO, please explain: _____

Dates of enrollment at your school: From _____ To _____
(MM/DD/YY) (MM/DD/YY)

Is this student currently IN STATUS with the USCIS? Yes ___ No ___

If no, please explain: _____

What is the transfer out date in SEVIS? _____

Institution _____

Address _____

Telephone _____

School Official _____

Title _____

Signature _____ Date: _____