

# Transfer Form

## EC Boston



www.ecenglish.com

### To be completed by the student:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return the completed form to:

EC Boston, 1 Faneuil Hall Square, Boston, MA 02109 USA

Tel: 617.247.3033

Fax: 617.247.2959

Email: boston@ecenglish.com

### To be completed by Designated School Official:

The above-named student is applying for admission to **EC Boston**. In order to determine this student's eligibility for transfer, we request that you fill out the form below and e-mail or fax it to us as quickly as possible.

Please note that our school can be found in SEVIS by typing **\*EC Boston\*** and then choosing the correct campus listing. Our school code is: **BOS214F01344000**. We ask that you not transfer any SEVIS records in EC until you receive proof that an EC letter of acceptance has been issued to the above-mentioned student. **Please do NOT release student records that are in completed, cancelled or terminated status.** We ask that you first contact the school DSO for approval of these students before any action is taken in SEVIS. Thank you very much for your cooperation.

1. SEVIS Number: \_\_\_\_\_

2. Dates of Study: \_\_\_\_\_

3. Is or was the student pursuing a full course of study at your institution?  Yes  No

4. Did the student maintain his/her non-immigrant status with USCIS?  Yes  No

5. Is the student eligible to continue at your institution? (If not, please explain)  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

6. SEVIS release date: \_\_\_\_\_

### I certify that the above information is correct.

Signature of School Official: \_\_\_\_\_

Date: \_\_\_\_\_

Name of School Official: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

DSO email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_