

Transfer Form

EC New York



www.ecenglish.com

To be completed by the student:

Name: _____ Email: _____

Phone: _____

Local Address: _____

Student Signature: _____ Date: _____

Please return the completed form to:

EC New York, 1450 Broadway, 14th Floor, New York, NY 10018 Tel: 212.490.0865

Fax: 212.490.0869

Email: newyork@ecenglish.com

To be completed by Designated School Official:

The above-named student is applying for admission to **EC New York**. 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 New York***. Our school code is: **NYC214F00094000**. We ask that you not transfer any SEVIS records to 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: _____