

Transfer Form

EC San Francisco



To be completed by the student:

Name: _____ Email: _____

Phone: _____

Local Address: _____

Student Signature: _____ Date: _____

Please return the completed form to:

EC San Francisco, 100 Montgomery St. 18th FL, San Francisco, CA 94104 Tel: 415.362.3300 Fax: 415.362.3305 Email: sanfrancisco@ecenglish.com

To be completed by Designated School Official:

The above-named student is applying for admission to **EC San Francisco**. 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, in this case "**EC San Francisco**". Our school code is: **BOS214F01344001**. 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: _____